

# Consent for Travel and/or Medical Care Release of Liability

This form is to be in effect from **February 1, 2008** to **January 31, 2009**.

As the parent or guardian of:	Date of Birth	Grade
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

I hereby grant permission for my child(ren), to participate in scheduled and sponsored activities of Hope Fellowship Church and I further authorize the person(s) in charge of the activity to provide travel to and from the activity, and to secure reasonable medical care for my child should such person(s) believe it necessary to do so. In an emergency, illness, injury, or accident which requires medical attention, I, \_\_\_\_\_, give my permission to Hope Fellowship, its representatives, and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physician's assistants, doctors, and paramedics) to provide medical treatment, to hospitalize, anesthetize, or perform surgery on my child named above. I understand that every effort will be made to contact me before these actions are taken. I, \_\_\_\_\_, the undersigned, do release, acquit, discharge and covenant to hold harmless Hope Fellowship and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during my child's participation in activities and or travel with Hope Fellowship.

Parent/ Legal Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ to (minor): \_\_\_\_\_

The Parent/Guardian May ***EITHER:*** 1) Hand in the completed form directly to the ministry leader, ***OR*** 2) Submit the completed form via the student, ***IF*** notarized.

State of Texas  
 County of \_\_\_\_\_  
 This document was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_ ( *signer* ).  
 Signature of Notary \_\_\_\_\_ SEAL

Special medical and other considerations/treatments or dietary needs which my child may have or require are as follows:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Medications or other needs:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

In the event of an emergency, contact:

1. \_\_\_\_\_ phone: \_\_\_\_\_ phone: \_\_\_\_\_
2. \_\_\_\_\_ phone: \_\_\_\_\_ phone: \_\_\_\_\_

Other pertinent information may be written on the reverse side of this form.

Revised 10/29/2007