

# Tecate Mission's Trip Parent Permission Release Form

## March 25-April 2, 2023

Northview Evangelical Free Church  
P.O. Box 64616, Colorado Springs, CO 80962-4616 (719) 572-0829

### Dependent Information

Name \_\_\_\_\_ Address \_\_\_\_\_  
Birth date \_\_\_\_\_ Grade \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Daytime Phone # (\_\_\_\_\_) \_\_\_\_\_ Evening Phone # (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_ Additional Contact # (\_\_\_\_\_) \_\_\_\_\_

Authorization of Consent to Treatment of Minor: (I)(We), the undersigned, parent(s) of \_\_\_\_\_, a minor, do hereby authorize Northview Evangelical Free Church mission trip leaders as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

#### Release of the Northview Evangelical Free Church:

\_\_\_\_\_ (parent's name) shall indemnify, hold free and harmless, assume liability for, and defend the Northview Evangelical Free Church its agents, servants, employees, officers, and directors from any other sums which the Northview Evangelical Free Church, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of \_\_\_\_\_ (child's name) use of real or personal property belonging to the Northview Evangelical Free Church and its agents, servants, employees, officers, and directors, or action or omission by \_\_\_\_\_ (child's name). Further, (I)(we), agree to pay any and all medical expenses that may be incurred in treating any injury that is incurred during the trip. If my insurance is inadequate or nonexistent, Northview Evangelical Free Church will provide a limited amount of insurance to cover emergency treatment at a cost of \$0 (zero dollars).

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

Parents/Guardian Email Address \_\_\_\_\_

Other Emergency Contact \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Insurance Co. \_\_\_\_\_ If not insured please check here \_\_\_\_\_

Policy #, or Group # \_\_\_\_\_

Known Medical Conditions \_\_\_\_\_

Medication? \_\_\_\_\_

Allergies? \_\_\_\_\_

Last Tetanus Immunization? \_\_\_\_\_ Contact Lenses? \_\_\_\_\_

Other \_\_\_\_\_

### Notarization

Date \_\_\_\_\_

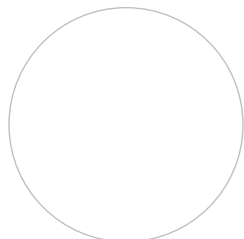
Sign in presence of notary

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ by \_\_\_\_\_  
Date Name of person acknowledging

Notary  
Seal



\_\_\_\_\_  
(Notary's official signature)

\_\_\_\_\_  
(Commission expiration date)