

Travel Permission Form & Medical Release

We, the undersigned parents or legal guardians, having legal custody of _____, minors, do hereby agree that my son/daughter named above has permission to travel to Ensenada, Mexico with the Pleasant Ridge Church of Christ during the week of _____. In addition to this, any adult acting on behalf of the Pleasant Ridge Church of Christ is empowered to act on my behalf for the medical benefit of my child, named above, during this trip. If there is a need for anything due to injury or sickness, such as any x-ray, anesthetic, medical, surgical or dental emergency, treatment or hospital care, I give my permission to the adults working with the Pleasant Ridge Church of Christ to act on my behalf and make decisions for my child, named above. I give my permission to any adult from the Pleasant Ridge Church of Christ to sign for the medical authority and authorization for any medical treatment my child may need during this trip.

We, the undersigned parents or guardians, do hereby release the Pleasant Ridge Church of Christ, the Colonia 89 church, and any and all persons acting on its behalf from all claims, actions, causes of action and reasons of any and all unknown and unforeseen injuries and the consequences thereof (including, but not limited to, payment of any and all dental, medical and hospital expenses) resulting from or occurring while the above-named minor is participating in activities with the Pleasant Ridge Church of Christ. The undersigned parent or guardian expressly agrees to indemnify, save and hold harmless the parties released hereby.

The minor named above has the following allergies and/or health problems.

Current Medications: _____

Health Insurance Company and Phone Number: _____

_____ Policy Number: _____

Emergency Contact #1 _____ Home Phone _____

Work Phone _____ Cell Phone _____

Emergency Contact #2 _____ Home Phone _____

Work Phone _____ Cell Phone _____

Dated: This _____ day of _____, 20____.

Signature Parent or Guardian

Signature Parent or Guardian

Print Name

Print Name

_____ appeared before me on this _____ day,
month of _____, 20____.

Notary Public

County of _____ State of _____