

His Hands 2 Go (HH2G)

PARENTAL CONSENT, CERTIFICATION AND MEDICAL AUTHORIZATION

Parents and legal guardians of minor children are required to complete this form. The information requested is designed to assist His Hands 2 Go, Elan Ministries, St. Luke Assembly of God, and New Orleans East Assembly of God in providing for the safety of minors during mission trips. *This form is not valid if completed by the child traveling. This form must be completed by parent or legal guardian of the child listed below.*

General Information (please print)

Child's Name _____ Date of Birth ____/____/____

Father's Name _____ Mother's Name _____

Child's Address _____ City _____ State _____

Child: Home Phn (____) ____ - _____

Mother: Home Phn (____) ____ - _____ Cell Phn (____) ____ - _____ Work Phn (____) ____ - _____

Email _____

Father: Home Phn (____) ____ - _____ Cell Phn (____) ____ - _____ Work Phn (____) ____ - _____

Email _____

Medical Information

Family Doctor _____ Dr. Phone No. (____) ____ - _____

Insurance Company Covering Child _____

Policy No. _____

Medical Questionnaire

1. Is your child presently being treated for an injury or sickness or taking any form of medication for any reason?

Yes _____ No _____ If yes, please explain: _____

2. Is your child allergic to any type of medication?

Yes _____ No _____ If yes, please explain: _____

3. Does your child require a special diet?

Yes _____ No _____ If yes, please explain: _____

4. Does your child have any allergies other than medical?

Yes _____ No _____ If yes, please explain: _____

5. Does your child ever sleep walk?

Yes _____ No _____

6. Can your child swim?

Yes _____ No _____

7. Does your child have any physical condition or illness that would prevent him/her from participating in rigorous activity?

Yes _____ No _____ If yes, explain below.

A written release must be submitted by your physician authorizing your child to participate in this activity/trip.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize the director or properly appointed staff to make emergency medical care decisions on behalf of my child, if required by law or a health care provider.

I certify that the child is physically fit and adequately trained to participate in such a mission trip. I understand that while the above named child participates on a mission trip, he or she is responsible to comply with all orders and directives of the team leader and/or the agent in charge of the project.

I agree to notify the His Hands 2 Go office in the event of any health changes that would restrict my child's participation in a mission trip. I also understand that the adult supervisors and staff of His Hands 2 Go reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

Consent, Certification and Assumption of Risk

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to the child's participation on a His Hands 2 Go assignment, including, but not limited to, all the activities customarily associated with a mission trip. I am aware of the hazards and risks associated with such a trip including, but no limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my child's assignment with full awareness of these risks, and I voluntarily assume all risks of death, injury, illness, and damage to my child associated with such risks, and any damage to his or her personal property. I further recognize that such risks have always been associated with missionary service.

I waive and release any and all claims for damages which I, or my heirs or successors may have against His Hand 2 Go, Elan Ministries, St. Luke Assembly of God, New Orleans East Assembly of God, any representatives, employees, or volunteers of any such organizations, and any organization or persons partnering with the stated organizations, arising from my child's death, injury, or illness, or any property damage or loss occurring during the term of his or her assignment or as a result of his or her assignment.

Insurance: I am aware of the hazards and risks to my person associated with serving in a missions capacity, as described above. I further understand that no insurance against such hazards is provided by His Hand 2Go, Elan Ministries, St. Luke Assembly of God, New Orleans East Assembly of God, or any partnering organization, and that I assume full responsibility for obtaining such coverage from a private insurance carrier at my expense if desired.

I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

I expressly agree that this assumption of Risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further state that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE FOR MY CHILD AS MY OWN FREE ACT.**

Parent/Guardian Signature _____ Date ____/____/____

Printed Name _____

Parent/Guardian Signature _____ Date ____/____/____

Printed Name _____

STATE OF _____ COUNTY OF _____

On this ____ day of _____, 20____, before me, _____, a Notary Public in and for said state personally appeared _____, know to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purpose therein stated.

Signature: _____

My Commission expires: ____/____/____