



PARENTAL CONSENT AND MEDICAL RELEASE AFFIDAVIT

I/We, _____ and _____,
Parents/legal guardians of _____ give our permission to **Light of Honduras** to travel on these specified dates, _____ with our child. **Light of Honduras** also has our permission to make any decisions regarding medical emergencies in our absence. I/We will not hold Light of Honduras responsible for sickness or accidents which may occur while on the mission trip. I/We also realize we are responsible for providing medical insurance.

Please answer the following questions:

1. Please indicate any noteworthy information we should be aware of concerning any medical problems you may have: _____

2. Are you allergic to any form of medications or food? NO _____ YES, what kind? _____

3. Do you have any history of:

Heart Problems NO _____ YES, describe: _____

Kidney Problems NO _____ YES, describe: _____

Lung Problems NO _____ YES, describe: _____

4. Please give us the following information concerning your family insurance protection:

A. Insurance Company _____

B. Group No. _____ Policy No. _____



5. Please give names and phone numbers of two people to contact in case of emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Participant's Signature

Parent's Signature

Date

Parent's Signature

THESE SIGNATURES MUST BE NOTARIZED

Notary Public

My Commission Expires _____

SEAL

County _____ State _____

Office use only

Date rcvd: _____ By: _____

07/24 Revised