

Travel and Treatment Release

*As Parent(s) / Guardian(s), I give permission for _____
(Name of Child)

to travel with The Mix Student Ministries at CITS; Orlando, FL, to and from all 2016 scheduled events and to participate in activities related to these events.

*My signature below attests that I will not press charges and will assume responsibility for any liability related to damages or injury sustained as a result of my child's disobedience or negligence when participating in all 2016 scheduled events. I endorse the authority of Church In The Son and it's operatives as the chaperones of my child for these events, including disciplinary decisions made by said operatives during these events. I understand this may include my child being returned from an event at my expense.

*Restrictions / Comments: _____

Authorization For Treatment

*I, the undersigned parent(s) / guardian(s) of, _____
(Name of Child)

do hereby authorize adult workers with The Mix Student Ministries at Church In The Son; Orlando, FL, as my acting agents, to consent to the following: a medical examination, a medical or surgical diagnosis, treatment and/or hospital care. This consent is given provided that the treatment or diagnosis is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act.

*Medical restrictions / Comments / Medications currently in use by the child: _____

Signatures of both Parents / Guardians:

(Mother) (Date)

(Father) (Date)

Phone # _____

Phone # _____

THE MIX

ORLANDO

Personal Information

Child's Full Name: _____

Address: _____

City, State Zip: _____

Phone #: _____ Birthday: _____

Gender: Male Female Blood Type: _____

Physician's Name and Phone #: _____

Insurance Company Name: _____

Policy #: _____ Group: _____

Known Allergies: _____

Emergency Contact Name (other than parents) and Phone #:

Signatures of both Parents / Guardians:

(Mother) (Date)

(Father) (Date)

Phone # _____

Phone # _____

State of Florida Orange County

The foregoing instrument was acknowledged before me this _____ day of _____, 2016 by _____ who is personally known to me or who has produced identification.

Signed: _____

(SEAL)