

PARENTAL CONSENT AND MEDICAL RELEASE AFFIDAVIT



I/We, \_\_\_\_\_ and \_\_\_\_\_,
Parents/legal guardians of \_\_\_\_\_ give our permission to Impulse
International Mission Trips to travel to \_\_\_\_\_ on these specified dates,
\_\_\_\_\_ with our child. Impulse International Mission Trips also has our permission
to make any decisions regarding medical emergencies in our absence. I/We will not hold Impulse
International Mission Trips 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: \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

Participant's Signature

\_\_\_\_\_ Date \_\_\_\_\_

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: \_\_\_\_\_