

Mexico Trip
Authorization, Information and consent form

Section A

Name _____ Age _____ Birth date _____
Address _____ Phone (____) _____
City _____ State _____ Zip code _____ Gender _____
Email Address _____ Speak Spanish? _____
T-Shirt Size _____ Sm. _____ Med. _____ Large _____ XL _____ XXL

Any skills that would be useful in Mexico, please note them on the back of this form (medical training, construction experience, ministry, languages, etc.)

Section B

I (We) hereby give permission for my (our) child, _____ to travel to Mexico and work with the Vancouver Church of Christ on the house-building project in Mexico from July 11 to July 16, 2016.

I (We) give permission for my (our) child to ride in any vehicles designated by the adult in whose care the minor has been entrusted.

I (We) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examinations, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I (We) shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Note: Team members will be using tools. Minors will not be allowed to use power tools unless a parent of that child is on the trip and makes that choice.

Section C

Health Insurance _____ Policy No. _____
Doctor _____ Phone No. _____
Dentist _____ Phone No. _____
Emergency Contact _____ Phone No. _____
Cell and/or Pager Numbers _____
Date of last tetanus immunization _____
List any allergies (including food), special diet, medical problems, or medications _____

Section D (Signature of minor and one parent required) **Adult Team member** Complete Section C and sign Section D as your release of liability.)

Team Member date

Parent/Legal Guardian date

Notary date

Notary Seal:

Notary's Printed Name:

Return this form by April 1 with a non-refundable deposit of \$125 to the Vancouver Church of Christ, 9019 NE 86th St., Vancouver, WA 98662. A \$50 penalty will be added to anyone not registered by April 1. Full payment of \$250 is due by June 1 (\$275 if not registered by April 1).