



Parental Consent Form

—Authorization for Foreign Travel with a Minor—

Instructions: If traveling outside U.S., original notarized form *MUST* accompany traveling minor.

Both birth parents or legal guardians must sign:

- If divorced. (If divorced with sole custody, legal documentation from the parent with custody must be attached and notarized.)
- If a natural parent is deceased, a certified copy of the death certificate is required.
- Step-parents cannot sign for a minor unless that child has been legally adopted by that step-parent, in which case, legal documentation supporting the adoption must be attached and notarized.

Consent, Certification, and Authorization (signatures must be notarized below)

I do hereby grant full authorization and consent for my child, _____, who is a U.S. citizen and holds the U.S. passport number of _____, to travel outside of the United States of America with _____ (Name of group). I have approved the following travel plans:

1. Dates of Travel: _____.
2. Destinations/accommodations: _____.

I authorize _____ (Name of adult with whom the minor will travel) to make any changes whatsoever to the travel plans specified above. Under penalty of perjury under the laws of the state of _____, I attest to the truthfulness, accuracy, and validity of the foregoing statements.

I have honestly and accurately completed all parts of the Parental Consent Form to the best of my ability.

_____ Parent/Guardian Signature #1	_____ Date	_____ Parent/Guardian Signature #2	_____ Date
_____ Parent/Guardian Name (please print)		_____ Parent/Guardian Name (please print)	
_____ Address		_____ Address	
_____ City, State, ZIP		_____ City, State, ZIP	
_____ Phone Number		_____ Phone Number	

AUTHORIZATION OF NOTARY PUBLIC

STATE OF: _____ COUNTY OF: _____

On _____, of 20____, before me, _____, a Notary Public in and for said county, personally appeared _____ (Notary's Name)

known to me to be the person who executed the within agreement and acknowledged to me that he/she executed the same for the purposes therein stated. _____ (Subscribing Witness)

Notary Public Signature: _____

My commission expires: _____





Parental Consent Form

(for those under the age of 18)

Parents and legal guardians of minor children must complete this form and return it to your trip leader. The information requested is designed to assist the church in providing for the safety of minors during church-sponsored activities.

Child's Name: _____

Father's Name: _____

Mother's Name: _____

Child's Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: () _____ Work Phone: () _____

Mobile Phone: () _____ E-mail: _____

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 and list any medications. _____

2. Is your child allergic to any type of medication? Yes No If yes, please explain. _____

3. Does your child medically require a special diet? Yes No If yes, please explain. _____

4. Does your child have (or has ever had) any of the following? (Check all that apply and explain.)

Seizures

Asthma

Heart Murmur

Diabetes

Hay Fever

Kidney Disease

Other: _____

Explain: _____

5. Does your child have any allergies? Yes No If yes, please explain and list medications. _____

6. Has your child ever sleep walked? Yes No 7. Can your child swim? Yes No

8. Does your child have any physical condition or illness which would prevent him/her from participating in normal, rigorous activity? Yes No If yes, please explain. _____

Initial: _____ Date: _____

Ambassadors in Mission (AIM)



Parental Consent Form

(continued)

Medical Treatment Authorization

We understand that we will be notified in the case of a medical emergency involving our child. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event our child is injured or becomes ill. We authorize any adult leader participating on this trip or any Assemblies of God missionary to make emergency medical care decisions on behalf of our child, if required by law or a health care provider. We understand that the national AIM office, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization.

We agree to notify the church in the event of any health changes which would restrict our child's participation in any activities. We also understand that the adult church representatives reserve the right to restrict our child from any activity that they do not feel is within the physical capabilities of my child.

Home Phone: () E-mail: _____

Father's Work: () Mother's Work: ()

Father's Cell: () Mother's Cell: ()

Emergency Contact Name: _____

Emergency Contact Number(s): () _____

Family Doctor: _____

Doctor's Phone Number: _____

Child's Insurance Company: _____

Child's Ins. Policy Number: _____

Initial: _____ Date: _____

Consent

I (We), the undersigned, being the parent(s) or legal guardian(s) of the child named above, do hereby consent to the participation of my (our) child in an AIM trip during _____ (year), including swimming, boating, hiking, sports events, and any other activities customarily associated with an AIM trip. Further, I (we) certify my (our) child is physically able to and adequately trained to participate in such events, including swimming. I (We) **do not** authorize our child to participate in any of the following activities: _____.

Initial: _____ Date: _____

Model Release

I, _____, do hereby give National Youth Ministries, the General Council of the Assemblies of God, and any/all of their licensees and legal representatives the irrevocable right to use my child's name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including but not limited to, composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished product, including written copy, that may be created in connection therewith.

I verify that I am the parent/guardian of the minor named above and have the legal authority to execute the above release. I have read this release and fully understand its contents. I approve the foregoing and waive any rights in the premises.

Initial: _____ Date: _____

Ambassadors in Mission (AIM)



Parental Consent Form

(continued)

Insurance Election

I am aware of the hazards and risks to my child associated with serving in a missions capacity. I further understand that AIM currently requires the insurance coverages summarized below, that the cost of the insurance is included with the trip, that these coverages are subject to change, and that I am responsible for obtaining any additional insurance coverages that I consider necessary.

Foreign Trips—Brotherhood Mutual Insurance Company

- \$1,000,000 foreign liability insurance
- \$1,000,000 foreign contingent auto liability insurance
- \$1,000,000 employer's liability
- Foreign worker's compensation coverage
- Medical accident and sickness coverage: \$100,000/\$50,000/\$25,000/\$10,000 (as determined by trip leader)
- \$250,000 per policy year medical assistance, including:
 - Emergency medical evacuation
 - Medically supervised repatriation
 - Repatriation of mortal remains

The above benefits illustrate the highlights of this insurance. The actual policy wording prevails.

Initial: _____ Date: _____

Stateside Trips—Special Markets Insurance Consultants, Inc.

- \$10,000 Accident Medical Maximum
- \$5,000 Sickness Medical Maximum
- \$2,500 Accidental Dental and Physical Therapy Maximum
- \$25,000 Accidental Death Benefit
- \$25,000 Accident Coma or Paralysis Benefit
- \$10,000 Medical Evacuation
- \$5,000 Repatriation
- \$5,000 Return of Remains

The above benefits illustrate the highlights of this insurance. The actual policy wording prevails.

Please select one of the following:

- I do not desire any additional insurance coverage other than what AIM currently requires through Brotherhood Mutual Insurance Company for foreign trips and through Special Markets Insurance Consultants, Inc., for stateside trips.
- I do desire additional insurance coverage and will assume full responsibility for obtaining such coverage from a private insurance carrier at our expense.

Initial: _____ Date: _____

Ambassadors in Mission (AIM)



Trip Application
GCHS
 PUERTO RICO
 Feb 22- Feb 28
 GCHS Mission Trip
 Approximate Trip Cost \$1,200.00

Welcome to the exciting ministry of Missions!

Short-term missionaries are very special; we believe it will be a life changing experience for you.

As a short-term missionary you represent our Lord Jesus Christ and the Assemblies of God on the mission field. For this reason it is vital that all team members are born-again Christians. It is also important that each person on the team refrain from profanity, alcohol, tobacco in any form, and all non-prescription controlled substances; our conduct and language must be above reproach. Your signed application along with your non-refundable deposit constitutes your official application to be a part of this team. With your signature you agree that payments are non-refundable as tickets will be purchased.

Payment Schedule	DUE	
Deposit – Airfare	Registration	\$ 200.00
Payment	Dec23	\$ 200.00
Payment	Jan 20	\$ 400.00
Payment	Feb 17	\$ 400.00
Trip cost		\$1,200.00

Trip Information

Place: Puerto Rico
 Purpose: GCHS Mission Trip
 Required Vaccinations: Tetanus



(Cut here and keep this top portion for your information.)

*(Return this portion **WITH YOUR DEPOSIT** to the Missions Office.)*

Print Name as shown on your Govt I.D.

Address

City, State Zip

_____ Male or Female _____

Telephone Number Date of Birth

Signature Date

Parent or Guardian Signature Date

GCHS–PUERTO RICO
Approximate Trip Cost \$ 1,200.00