

# CONSENT FOR MEDICAL TREATMENT AND RELEASE OF LIABILITY

Whereas, I (my child) \_\_\_\_\_, A member of Covenant Community Church Missions, while traveling to and staying in \_\_\_\_\_(country), certain circumstances may occur resulting in my (his/her) need for medical/dental care and/or treatment. Therefore, in consideration of participating in said mission, I, being of legal age, authorize Covenant Community Church Missions, or any agent of CCC Missions to act on my (my child's) behalf should I be unable to do so.

I consent to reasonable medical/dental care and treatment, including but not limited to diagnostic testing, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for my (my child's) medical wellbeing for the duration of the trip. This consent is given in advance of specific diagnostics treatment surgery or hospital care required but is given to provide authorization and specific consent for medical/dental treatment and care. Any consent by CCC Missions shall have the same force and effect as if I had personally given consent. I am aware that serious illness, requiring return by air ambulance, could more that \$10,000.00. I agree that I am solely responsible for any expenses that may arise from my (my child's) return by air ambulance or other extraordinary means.

I hereby release and hold harmless Covenant Community Church Missions, it's officers, employees, representatives and volunteers from all liability for personal injuries, including death, as well as property damage or loss arising from my (my child's) participation in this trip.

My (my child's) passport number is: \_\_\_\_\_  
Country in which passport was obtained: \_\_\_\_\_  
Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of California  
County of Orange ss.

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal:

\_\_\_\_\_  
Notary Signature

Notary Seal

# COVENANT COMMUNITY CHURCH MISSIONS CONSENT FOR MINORS TRAVELING ABROAD

To whom it may concern:

I (we) hereby give permission for my (our) child, \_\_\_\_\_ to travel unaccompanied by me (us), his/her parent(s) or guardian(s) to \_\_\_\_\_ (country) from \_\_\_\_\_ through \_\_\_\_\_ (dates of travel) with CCC Missions of Covenant Community Church, Orange, California

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian's Signature

\_\_\_\_\_  
Date

(note: If divorced parents have joint custody, signatures of both parents are required)

\_\_\_\_\_  
CCC Missionary's Signature

State of California  
County of Orange ss.

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same.

WITNESS my hand and official seal:

\_\_\_\_\_  
Notary Signature

Notary Seal