



# 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 the trip leader. The information requested is designed to assist the International Society of Missionary Kids (ISMK) in providing for the safety of minors during ISMK-sponsored activities.

Child's name: \_\_\_\_\_

Head of Household: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email: \_\_\_\_\_

## **Medical questions:**

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: \_\_\_\_\_

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: \_\_\_\_\_

Please have your child bring any prescription medications with dosing directions.

Initial: \_\_\_\_\_

Date: \_\_\_\_\_



# 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 ISMK 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 ISMK in the event of any health changes which would restrict our child's participation in any activities. We also understand that the adult ISMK 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: \_\_\_\_\_ Email: \_\_\_\_\_  
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 Insurance policy: \_\_\_\_\_

Initial: \_\_\_\_\_ Date: \_\_\_\_\_

***If my child's insurance is not with IMG, I understand that additional insurance will be required.***

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 ISMK trip during \_\_\_\_\_(year), including swimming, boating, hiking, sports events, and any other activities customarily associated with an ISMK 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 International Society of Missionary Kids, Assemblies of God World Missions, 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: \_\_\_\_\_



# Parental Consent Form

(continued)

### Authorization for Foreign Travel with a Minor

Instructions: If traveling outside the 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 International Society of Missionary Kids (ISMK). I have approved the following travel plans:

1. Dates of Travel: \_\_\_\_\_

2. Destinations/accommodations: \_\_\_\_\_

I authorize Chad Phillips and/or Kristi Arnold 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

\_\_\_\_\_  
Parent/Guardian signature #2

\_\_\_\_\_  
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 \_\_\_\_\_, 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.

Notary Public Signature: \_\_\_\_\_

My commission expires: \_\_\_\_\_

