

## Authorization and Medical Release Form

### Minor (under the age of 18)

Name of Trip: \_\_\_\_\_

Dates From: \_\_\_\_\_ to \_\_\_\_\_

Destination: \_\_\_\_\_

Team Leader: \_\_\_\_\_



### General Information: (Please Print)

Name of Child: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Male / Female

Name of Parent or Legal Guardian (circle one): \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

### Medical Information:

Name of Medical Insurance Provider: \_\_\_\_\_

Does your policy cover you if outside of the U.S.? Yes / No

Does your child have allergies? Yes / No. If yes, please describe: \_\_\_\_\_

Is your child allergic to any medications? Yes / No. If yes, please describe: \_\_\_\_\_

Is your child currently taking any medication? Yes / No. If yes, please describe: \_\_\_\_\_

Date of his/her last Tetanus shot: \_\_\_\_\_

Is there anything that you would like us to be aware of? Please answer on a separate sheet of paper.

### Waiver of Liability

The undersigned represents to the Dalit Freedom Fund operating as the Network Freedom Network (herein DFN), a nonprofit organization, that he or she is the natural parent or legal guardian of the above named child; and, the undersigned does hereby consent to such minor taking part in noted activity, with full understanding insofar as such activity will involve ministry, sporting activity, mingling with other individuals or groups; that there is always the risk of injury, illness, loss, possible consequent expense for medical, diagnostic and curative treatment, and incidental loss and expense; and the undersigned does for him/herself and for and on behalf of such minor assume the risk of such incidental loss or expense, and does hereby wholly release DFN from any responsibility or liability, and waives any claims or cause of action against it or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or any other circumstance involving such child, and agree to hold harmless DFN from any responsibility or liability, and waives any claims or circumstance involving such child; the undersigned agrees to abide by the rules and regulation, supervision and discipline set and applied by DFN and its agents, and does authorize DFN and its staff members or agents to arrange for and consent to X-ray examination, anesthetic, dental medical or surgical diagnosis, and treatment, and hold harmless DFN from any such expense or liability. The undersigned will furnish payment or insurance for any such payment, at his or her own expense.

### Authorization

I give permission for my son/daughter to attend the above DFN ministry trip. I have read the above Waiver of Liability and agree to its provisions. In addition, I give permission for my son/daughter to receive any medical treatment deemed necessary by the physician.

Print your full name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

**Parental Permission to Travel**

We, the parent(s)/legal guardian(s) of (name of child) \_\_\_\_\_

give my/our authorization to travel to (city, state or city, country) **India and Dubai**

from (month/day/year) \_\_\_\_\_ to

(month/day/year) \_\_\_\_\_ inclusive.

The Team Leader will be Jay Hoff a representative of the Dalit Freedom Network.

**We also authorize the Team leader to make any necessary decisions on behalf of our son / daughter.**

**Both parents or legal guardians must sign below.** In the case of a single custody, the parent or legal guardian, of the child must provide proof of custody and a copy of the custody papers must accompany this form.

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

1) Name of parent or legal guardian (please print) \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_

Home address (street, city, state & zip) \_\_\_\_\_

Home phone number ( ) \_\_\_\_\_

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

Check this box if you have sole custody of the above named child.

2) Name of parent or legal guardian (please print) \_\_\_\_\_

Signature of parent or legal guardian \_\_\_\_\_

Home address (street, city, state & zip) \_\_\_\_\_

Home phone number ( ) \_\_\_\_\_

**All-Purpose Acknowledgement**

State of \_\_\_\_\_

County of \_\_\_\_\_



On (date) \_\_\_\_\_ before me, (notary) \_\_\_\_\_,

Personally appeared (signers) \_\_\_\_\_.

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 in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal. \_\_\_\_\_