

**PARENTAL CONSENT AND MEDICAL RELEASE
AFFIDAVIT**

I/We, _____ and _____,
parents of _____ give our permission to SCORE International to
travel to _____ on these specified dates, _____
with our child/children. SCORE International also has our permission to make any decisions regarding medical
emergencies in our absence. I/We will not hold SCORE International responsible for sickness or accidents
which may occur while on the mission trip. I/We also realize we are responsible for providing medical
insurance.

Please answer the following questions:

1. Please indicate any pertinent information we should have concerning any medical problems you may have: _____

2. Are you allergic to any form of medication? NO _____ YES, what kind? _____

Any food allergies? NO _____ YES, what kind? _____

3. Please give us the following information concerning your family insurance protection:

a. Insurance Company _____

b. Group No. _____ Policy No. _____

4. Do you have any history of:

Heart Problems NO _____ Yes, describe: _____

Kidney Problems NO _____ Yes, describe: _____

Lung Problems NO _____ Yes, describe: _____

5. Please give names and phone numbers of two people to contact in case of emergency:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

_____ Participant's Signature	Date _____	_____ Parent's Signature	Date _____
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THESE SIGNATURES MUST BE NOTARIZED

_____, Notary Public

My Commission Expires _____

SEAL

County _____ State _____