

Medical/Travel Release

Cole Short Term Mission

**These forms are required for all team members who will be under 18 at time of departure.
(Mail with your application form to Janet Schaufelberger)**

Medical Release

Both parents/legal guardians MUST sign (unless deceased or one parent/legal guardian has sole custody).

In case of an emergency, I/we understand that every effort will be made to contact the parent(s)/legal guardian(s) of _____

If I/we cannot be reached, I/we hereby give permission to the physician selected by the team leadership to hospitalize, secure any treatment they deem necessary, order injections, anesthesia or surgery for my/our dependant named above.

Dates effective: From ___/___/___ **to** ___/___/___

Signature of Parent/Legal Guardian: _____ Date: ___/___/___

Signature of Parent/Legal Guardian: _____ Date: ___/___/___

Travel Release (for use if traveling to another country)

Both parents/legal guardians MUST sign (unless deceased or one parent/legal guardian has sole custody).

NOTICE: A seal by a Notary Public is required for this Travel Release to be valid.

As parent(s)/legal guardian(s) of _____ (print dependant's name here), I/we authorize my/our dependant to travel to and from the country(s) listed below:

Country(s): _____

Dates effective: From ___/___/___ **to** ___/___/___

Signature of Parent/Legal Guardian: _____ Date: ___/___/___

Signature of Parent/Legal Guardian: _____ Date: ___/___/___

For Notary:

State of _____ Country of _____

This instrument was acknowledged and signed before me on _____

By _____

Notary Public – State of _____