

CONSENT FOR MEDICAL TREATMENT

This form must be filled out and signed by **ALL** Caravan members.
The *original* Consent for Medical Treatment **must remain with the applicant at all times** while traveling in Mexico.

CONSENT FOR MEDICAL TREATMENT

I/We hereby agree to the performance of any emergency medical treatment, anesthetics and operations deemed necessary by an attending physician on:

I realize this authority is being granted for domestic and non-domestic territory. I understand that I/we are responsible for providing medical and accident insurance to cover the activities of our son/daughter/ward while participating in 99 Plus 1's programs.

Print name of applicant

Signature of applicant

Date

Signature of father

Date

Signature of mother

Date

Signature of legal guardian

Date

Church / Group Name

Date of Mission Trip

Group Leader's Name (Please print)
number

Leader's Phone