

**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. 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.

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***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. Do you have any history of:

Heart Problems NO \_\_\_\_\_ Yes, describe: \_\_\_\_\_

Kidney Problems NO \_\_\_\_\_ Yes, describe: \_\_\_\_\_

Lung Problems NO \_\_\_\_\_ Yes, describe: \_\_\_\_\_

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

a. Insurance Company \_\_\_\_\_

b. Group No. \_\_\_\_\_ Policy No. \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

_____ Date _____	_____ Date _____
Participant's Signature	Parent's Signature
	_____ Date _____
	Parent's Signature

**THESE SIGNATURES MUST BE NOTARIZED**

\_\_\_\_\_, Notary Public

My Commission Expires \_\_\_\_\_

County \_\_\_\_\_ State \_\_\_\_\_

SEAL