

## ***XYG Mission Trip 2023 - Medical Release Form***

We will bring this medical release form along with us to Columbia.

Student Name \_\_\_\_\_ Parent Name \_\_\_\_\_

Parent Contact Numbers

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

Emergency contact other than listed above: Name \_\_\_\_\_ Phone \_\_\_\_\_

Medications \_\_\_\_\_

**\* Please photocopy back and front of insurance card and attach information here.**

I hereby give my permission to the physician, dentist or professional selected by activity organizers or representatives to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for the student named on this form. A photocopy or facsimile of this authorization is as valid as the original. I understand that all medical/accident expenses are the sole responsibility of parents/guardians and their respective insurance companies.

I further agree to direct my child to comply with the policies of the activity organizers and their personnel. I realize that if my student does not comply with said practice, he/she may be sent home from the facility or activity at my, the parent or legal guardian's, expense.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

This mission trip and its activities are sponsored, organized, and supervised by the St. Thomas Reformed Church, a recognized IRS non-profit 501(c)(3).