



## PARENTAL CONSENT, CERTIFICATION, AND MEDICAL AUTHORIZATION

Parents and legal guardians of minor children are required to complete this form and return it to the MAPS office. The information requested is designed to assist MAPS in providing for the safety of minors during MAPS trips. *This form is not valid if completed by the child traveling. This form must be completed by a parent or legal guardian of the child listed below.*

### ***General Information (please print)***

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother Name \_\_\_\_\_

Child's Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Parents Work Phone No. \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dr. Phone No. \_\_\_\_\_

### ***Insurance Company Covering Child***

Insurance Company Covering Child \_\_\_\_\_  
Policy No. \_\_\_\_\_

Check here if additional coverage is desired.

### ***Consent, Certification, and Assumption of Risk***

I, the undersigned, being the parent or legal guardian of the child named above (the "child"), do hereby consent to the child's participation on a MAPS assignment sponsored by the MAPS Department of the Assemblies of God to (name of project assignment) \_\_\_\_\_, including, but not limited to, all the activities customarily associated with a MAPS trip. I am aware of the hazards and risks associated with such a trip including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence.

Further, I certify that the child is physically fit and adequately trained to participate in such a MAPS trip. I understand that while the above-named child participates on a MAPS trip, he or she is responsible to comply with all orders and directives of the MAPS team leader and/or the Assembly of God missionary in charge of the project.

I am aware of the hazards and risks to my child and his or her property associated with serving in a missions capacity, such hazards and risks including, but not being limited to, death or injury by accident, disease, war, terrorists acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I accept my child's assignment with full awareness of these risks, and, subject to the insurance coverages described below, I voluntarily assume all risks of death, injury, illness, and damage to my child associated with such risks, and any damage to his or her personal property. I further recognize that such risks have always been associated with missionary service (2 Corinthians 11:23-28).

Subject to insurance coverages described below, I waive and release any and all claims for damages which I, or my heirs or successors, may have against MAPS, the U.S. Missions of the Assemblies of God, the General Council of the Assemblies of God, any District Council of the Assemblies of God, the local church sponsoring the MAPS trip, or any agent or employee of any such organizations, arising from my child's death, injury, or illness, or any property damage or loss occurring during the term of his or her assignment or as a result of his or her assignment.

Subject to the insurance coverage described below, I do hereby assume all risks of death, illness or injury that my child may suffer as a result of said assignment, from those causes described above.

I understand and accept the following policy of the Assemblies of God U.S. Missions regarding ransom payments:

The U.S. Missions Board has determined that it will not pay ransom nor yield to the demands of anyone who takes hostage one of our missionary family or staff hostage. The Assemblies of God U.S. Missions pledges itself to every effort in prayer and all other appropriate means to obtain the release of one taken hostage should it ever occur. This policy was made after sufficient study of the policies of other evangelical missionary societies and after considering the advice of the United States State Department.

I expressly waive any defense to the enforcement of any provisions of this commitment arising from a claim of lack of consideration and warrant that this commitment constitutes a legal, valid, and binding obligation upon me enforceable against me in accordance with its terms.

***Medical Questionnaire***

1. Is your child presently being treated for an injury or sickness or taking any form of medication for any reason?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
2. Is your child allergic to any type of medication?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes please explain: \_\_\_\_\_  
\_\_\_\_\_
3. Does your child require a special diet?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
4. Does your child have any allergies other than medical?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. Does your child ever sleep walk?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. Can your child swim?  
Yes \_\_\_\_\_ No \_\_\_\_\_
7. Does your child have any physical condition or illness that would prevent him/her from participating in rigorous activity?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below. A written release must be submitted by your physician authorizing your child to participate in this activity/trip.

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### ***Insurance Election***

I am aware of the hazards and risks to the child associated with serving in a missions capacity, as described earlier. I further understand that the following insurance coverage with Guarantee Trust Life is optional, that this coverage is subject to change, and that I am responsible for obtaining (at my expense) this and or any additional insurance coverage that I consider necessary for the child:

- \*\$100,000 24-hour accidental death and dismemberment
- \*\$ 1,000 Monthly limit for permanent total disability based on an accident (88-month maximum with a 12-month waiting period)
- \*\$ 250 Monthly limit for permanent total disability based on illness (50 month maximum with a 3-month waiting period)
- \*\$ 50,000 Accident medical limit
- \*\$ 10,000 Sickness medical limit
- \*\$ 50 Deductible per occurrence
- \*\$75,000 Medical evacuation limit

***Please check the appropriate box:***

\_\_\_\_\_ I desire to purchase the above-described insurance coverage for the above mentioned child.

\_\_\_\_\_ I have adequate insurance coverage that is at least the coverage listed above and do not desire additional coverage for the above-mentioned child.

### ***Medical Treatment Authorization***

I understand that I will be notified in the case of a medical emergency involving my child. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill. I authorize the director or properly appointed staff to make emergency medical care decisions on behalf of my child, if required by law or a health care provider.

I agree to notify the MAPS office in the event of any health changes that would restrict my child's participation on a MAPS trip. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child.

I expressly agree that this assumption of risk and indemnity agreement is intended to be as broad and inclusive as permitted by law. I further stat that **I HAVE CAREFULLY READ THE FOREGOING ASSUMPTION OF RISK AND UNDERSTAND ITS CONTENTS, AND I VOLUNTARILY SIGN THIS RELEASE FOR MY CHILD AS MY OWN FREE ACT.**

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

**STATE OF** \_\_\_\_\_

**COUNTY OF** \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,  
Before me, \_\_\_\_\_, a Notary Public in and for  
said state personally appeared \_\_\_\_\_, known to me to  
be the person who executed the within agreement and acknowledged  
to me that he/she executed the same for the purpose therein stated.

Signature: \_\_\_\_\_

My Commission expires: \_\_\_\_\_