

PARENTAL CONSENT FORM

I, the undersigned parent(s) or guardian(s) having legal custody of _____ a minor (date of birth _____), do hereby agree that while my son/daughter, or ward named above is participating in activities with the Baja Missions, Inc. of Huntsville, Alabama (hereinafter "Baja Missions") any person over the age of majority acting on behalf of Baja Missions is empowered to do any and all things necessary in the event of any injury or sickness to such minor child and is expressly authorized to enter into any and all agreements which are deemed to be necessary for the health and well-being of said minor child. I do hereby consent to any x-ray, examination, anesthetic, medical, surgical or dental diagnosis, treatment and hospital care of or for said minor child by any dentist, orthodontist, surgeon or any other physician licensed to practice in the United States or Mexico. I do further authorize and empower any person over the age of majority acting on behalf of Baja Missions to sign any and all medical authorizations for any such treatments or requests for payment on my behalf.

I, the undersigned parent or guardian, do hereby release Baja Missions and any and all persons acting on its behalf from any and all claims, actions, causes of action and reasons of any and all unknown and unforeseen injuries and the consequences thereof (including, but not limited to, payment of any and all dental, medical and hospital expenses) resulting from or occurring while the above-named minor is participating in activities with the Baja Missions. The undersigned expressly agrees to indemnify, save and hold harmless the parties released hereby.

Dated: This the _____ day of _____, 20__.

Parent or Guardian

NOTARY PUBLIC:

Commission Expires: _____

Please List any Allergies and/or health problems:

Current Medications: _____

Family Physician _____ Phone # (____) _____

Health Insurance Company _____

Name on Insurance Policy _____

Policy Number _____ Group # _____

Social Security # _____

Telephone Number (Day) _____ (Night) _____

Mobile # _____ Email Address _____

Home Address _____

Persons To Contact In Emergency _____

Phone # _____ Phone # _____