

PINES PRESBYTERIAN CHURCH
CONSENT TO TRAVEL, PHYSICAL POSSESSION, REASONABLE DISCIPLINE AND
AUTHORITY TO PERMIT MEDICAL, DENTAL AND SURGICAL TREATMENT
FOR MINOR CHILD

This consent applies to all the church travels of _____, a minor child, **between January 1, 2017 and December 31, 2017**, under the auspices of Pines Presbyterian Church (the "Church"). The undersigned are the parent(s), legal guardian(s) and/or managing conservator(s) of the above-named child.

I/we hereby direct and consent to the following for the care and custody of the above-named child during the youth mission or other Church-related travel identified above:

1. Consent is hereby given to the travel referred to above by the above-named child. I also acknowledge the receipt and review from the Church of information sufficient to permit such consent and to the further authorizations made below.
2. In connection with such travel, Rev. Sam Jun, Associate Pastor of the Church, shall have physical possession and custody of the above-named child during the referenced period of travel.
3. During such travel, Rev. Jun may exercise reasonable discipline of the above-named child.
4. During such travel, Rev. Jun is further authorized to direct, provide and consent to medical, dental and surgical treatment for the above-named child in all circumstances in which authority and consent are required by law for medical, dental and surgical treatment.

I also agree to pay for the cost of all of the above-authorized medical, dental and surgical treatment of the above-named child, whether occasioned by any emergency or otherwise as reasonably required.

I release Pines Presbyterian Church, its officers, employees, agents and adult participants in the referenced travel from all liability and responsibility for the illness or injury of the above-named child by reason of (a) participation in the referenced travel, and (b) treatment provided for the above-named child for any illness or injury during such travel.

Signed at Houston, Texas this ____ day of _____, 2017

Signatures: _____

Address: _____

Parent, Guardian or Other Relationship (please specify): _____

Home Telephone Number: _____

Work Telephone Number: _____

Cell Telephone Number: _____

Alternative Emergency Name & Number:

Name: _____

Emergency Number: _____

The following person(s) are also a parent, guardian or managing conservator of the child:

Name: _____

Parent or Other Relationship (please specify): _____

Address: _____ Telephone: _____