Consent to Provide Medical Treatment 2023 European Leadership Forum Short-Term Mission Trip

Note: If you should require medical attention while on an activity with the Forum of Christian Leaders for injuries received or illnesses contracted prior to coming, please provide trip coordinators with the information necessary to give proper medical service during the trip.

In case of emergency, I hereby give permission to the physician selected by the church/group sponsor representative to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for myself/my child (my ward) as named above. I also hereby give permission for my child (ward) to participate in all activities, travel, service projects, and other activities. I agree that the information submitted on my Medical History Form will be used for my treatment in the event of an emergency.

I, therefore, agree to assume as an explicit condition of my/my child's (ward's) participation, any and all risks, including, but not limited to those enumerated above. I agree to hold harmless the above-named sponsor, the sponsoring church, or group from any and all inabilities, claims, demands, and causes of action whatsoever which may arise due to the participation of myself or my child (ward). I realize, also, that in the event of illness or injury while participating in its activities, medical treatment may be required. I hereby give permission for any such treatment to be rendered, and I agree to bear the cost of such treatment. If any changes occur, I will contact the director.

| Participant Signature (or parent/guardian if under 18) | Date |
|-------------------------------------------------------------|----------------------|
| | |
| Printed Name | |
| If signed by a parent or guardian, please print the name of | of the volunteer |