



DOMESTIC MISSION TRIPS

CONSENT FOR MEDICAL TREATMENT RELEASE & HOLD-HARMLESS FOR TRAVEL

WHEREAS, (my child/I) _____, wishes to be a member of a Real Impact Missions group which will be traveling to and staying in _____, and WHEREAS, certain circumstances and situations may occur resulting in (my child's/my) need for medical or dental care and treatment, and further resulting in my inability to personally give consent for such care and treatment; THEREFORE,

1. In consideration of permission for (my child/myself) to participate in said mission. I _____, being of legal age, authorize Real Impact Missions, or any agent of Real Impact Missions, to act in (my child's/my) behalf should I be unable to do so and to consent to reasonable medical or dental care and treatment, including but not limited to diagnostic tests, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for (my child's/my) medical well-being for the duration of the mission.
2. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical or dental treatment and care in (my child's/my) behalf.
3. Any consent by Real Impact Missions shall have the same force and effect as if I had personally given the consent.
4. I certify that I have personal domestic health insurance with (Must provide **proof** of medical insurance.)
Company: _____ *Policy #:* _____
with no territorial limitation, including Puerto Rico which will provide coverage for (my child/me) throughout the duration of said mission. If my policy **does not** include coverage for Puerto Rico, I understand that no health plan is provided by Real Impact Missions and therefore have enrolled in the MissionSafe insurance plan. Policy # _____
5. I am aware that treatment for serious illness or injury can be very expensive. If I have not purchased adequate insurance, I agree that I am solely responsible for any expenses or deductibles that may arise from (my child's/my) medical or dental treatment and/or transportation to a treatment facility.
6. I hereby (give permission for my child/choose for myself) to participate with RIM, and I release and hold harmless Real Impact Missions, its officers, employees, and representatives/volunteers from all liability for personal injury, including death, as well as all property damage or loss arising out of (my child's/my) participation in this trip.

For participants under age 18, only the participant's parent/guardian signature(s) are required below:

- If parents are married or if one parent has sole-custody, only one signature is required.
- If parents are divorced with joint-custody, BOTH parents are required to sign this document.

Mother/Guardian's signature _____
Date

Father/Guardian's signature _____
Date

For participants age 18 or older, only your signature is required below:

Participant's signature _____
Date

State of _____
County of _____

Before me, the undersigned, a Notary Public in and for said county and state on _____, 20____, personally appeared the identical person who executed the within and foregoing instrument, and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, for the uses and purposes therein set forth. Given under my hand and seal of office the day and year above written.

My commission expires: ____/____/____ Notary Public

