

Parental Consent Form

We, the undersigned parents or guardians of _____, a minor, hereby give our permission for the minor named above, to participate in a trip coordinated by Derral Reeve, the superintendent of the Texico Conference; Fernando Villegas, the youth director of the Texico Conference, and Kathy McKey and Duane McKey scheduled for March 4-24, 2014, yet open to any extensions determined by the trip leaders to be necessary. We agree to reimburse the trip leaders should they incur any expense in the event that the participant must leave the group prior to the return of the group for any and all reasons (such as a family emergency, medical treatment, or discipline issues.) I also give permission for photographs or video of my child involving the preparation for, during, or after the trip to be used as the group leaders see fit.

Travel into Zambia or Any Other Country Deemed Necessary

We, the undersigned parents or guardians of the participant, do hereby authorize Derral Reeve, the superintendent of the Texico Conference; Fernando Villegas, the youth director of the Texico Conference, and Kathy McKey and Duane McKey or their assignees, to transport the participant into Zambia and any other country that said authorized person or their assignees determine need to be entered for the purposes of the trip.

Medical Authorization

We, the undersigned parents or guardians of the participant, do hereby authorize Derral Reeve, Barbara Reeve, Fernando Villegas, Mirley Villegas, Wendi Clapp, Kathy McKey or Duane McKey or their assignees, to consent to any and all medical/dental examinations, x-rays, anesthetics, procedures, surgical diagnoses and/or treatments and hospital cares which are administered under the supervision of any physician, dentist, surgeon, and other medical/dental professional and care giver and of a recognized hospital or medical clinic. Furthermore, as parents and/or guardians of the participant, we do hereby expressly consent that the participant may receive emergency medical care without our notification and do further agree to hold blameless the Texico Conference of Seventh-day Adventists, Sandia View Academy, the Southwestern Union Conference of Seventh-day Adventists, or its affiliates, trip leaders, physician, hospital, dentist, nurse or other medical care giver for rendering such services. We agree to pay any costs incurred in treating the participant. **If my child has any allergies or is taking medication, or has a medical condition, I have listed that information below:**

Name of Trip Participant (Please Print) _____

Birth date: _____

Participant's Permanent Address: _____

Daytime Phone: _____

Name of Parent or Guardian (Please Print) _____

Signature _____ Relationship to participant _____ Date _____

Name of Parent or Guardian (Please Print) _____

Signature: _____ Relationship to participant _____ Date _____

ACKNOWLEDGEMENT

State of _____

County of _____

On this _____ day of _____, 20____, _____ personally appeared before me,

____ who is personally known to me,

____ whose identity I verified on the basis of _____,

____ whose identity I verified on the oath/affirmation of _____, a credible witness, to be the

signer of the foregoing document, and he/she acknowledged that he/she signed it.

(signature)

My commission expires (mm/dd/yyyy): _____