

Travel and Treatment Release

**ONE Student Ministries
Suncoast Cathedral; St. Petersburg, FL**

*As Parent(s) / Guardian(s), I give permission for _____
(Name of Child)

to travel with ONE Student Ministries at Suncoast Cathedral; St. Petersburg, FL, to and from all 2008 scheduled events and to participate in activities related to these events.

*My signature below attests that I assume responsibility for any liability related to damages or injury sustained as a result of my child's disobedience. I endorse the authority of Suncoast Cathedral and its operatives as the chaperons of my child for these events, including disciplinary decisions made by said operatives during these events. I understand this may include my child being returned from an event at my expense.

*Restrictions / Comments: _____

Authorization For Treatment

*I, the undersigned parent(s) / guardian(s) of, _____
(Name of Child)

do hereby authorize adult workers with ONE Student Ministries at Suncoast Cathedral; St. Petersburg, FL, as my acting agents, to consent to the following: a medical examination, a medical or surgical diagnosis, treatment and/or hospital care. This consent is given provided that the treatment or diagnosis is rendered under supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act.

*Medical restrictions / Comments / Medications currently in use by the child: _____

Signature of Parent / Guardian: _____

Date: _____ Phone #: _____

**** Please be sure to fill out both sides completely and legibly. ****

Personal Information

ONE Student Ministries
Suncoast Cathedral; St. Petersburg, FL

Child's Full Name: _____

Address: _____
Street City State Zip

Phone #: _____ Birthday: _____

Gender: Male Female Blood Type: _____

Emergency Contact Name (other than parents) and Phone #: _____

Physician's Name and Phone #: _____

Insurance Company Name: _____

Policy #: _____

Known Allergies : _____

Signature of Parent / Guardian: _____

Date: _____ Phone #: _____

State of Florida County of Pinellas

The foregoing instrument was acknowledged before me this _____ day of _____, 2008
by _____ who is personally known to me or who has produced identification.

Signed: _____

(SEAL)

**** Please be sure to fill out both sides completely and legibly. ****