

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 2011 scheduled events and to participate in activities related to these events.

*My signature below attests that I will not press charges and will assume responsibility for any liability related to damages or injury sustained as a result of my Childs disobedience or negligence when participating in all 2011 scheduled events. I endorse the authority of Suncoast Cathedral and its operatives as the chaperones of my child for these events, including disciplinary decision 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 at 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 provision of the Medical Practice Act.

* Medical Restrictions/ Comments / Medications currently in use by Child:

Signatures of Both Parents

Date: _____ Phone #: _____

State of Florida County of Pinellas

The foregoing instrument was acknowledged before me this _____ day of _____, 2011 by _____ who is personally known to me or who has produced identification.

Signed: _____

(SEAL)

