

FAR REACHING MINISTRIES

SHORT-TERM TRIP

MEDICAL CONSENT FORM FOR A MINOR

AUTHORIZATION BY PARENTS FOR ANOTHER TO CONSENT TO HOSPITALIZATION,
SURGERY OR SPECIAL MEDICAL PROCEDURES
DURING CHILD'S SHORT-TERM MISSION TRIP.

Date	Parents' names (Please Print)

Name of Child	Birth date

We hereby appoint: Far Reaching Ministries
951-677-9964
41685 Date Street, Suite 101
Murrieta, CA 92562

as the organization that, during my child's stay in Africa, shall be authorized to consent for all medical and/or surgical treatment and/or special procedures (including by way of illustration and not limitation, administration of anesthesia, blood transfusions, diagnostic tests, etc.) which may be required during our absence. Without any manner limiting the foregoing appointment and authorization, if circumstances permit. I/we would like to have our doctor consulted in connection with any such medical and/or surgical treatment and/or procedures.

Name of Physician	Phone

Far Reaching Ministries, its officers and personnel and any physicians providing medical or surgical services to the child named above may rely upon the consent of authorization executed by the above named appointee with the same force and effect as if personally executed by me/us.

The consent and authorization shall include and extend to all matters for which consent or authorization is required under the policies of Far Reaching Ministries.

In consideration of the serviced which are rendered to the child named above, pursuant hereto, we agree to pay for all such services. This authorization shall be effective until the child is returned to my care.

Parent(s) Signature	Date

In the event that this form is executed by only one parent, please state below the reason why the signature of the other parent cannot be obtained.

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If the child is under guardianship, then the guardian should execute this authorization.

41685 Date Street, Suite 101
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951-677-4474 ◊ 951-677-4405