



# Medical Consent Form (Minor)

I am a parent (if minor is living with both parents), the parent having legal custody, or the legal guardian

of the following minor, \_\_\_\_\_, and have given my consent for him/her to attend a mission project under the direction of ASELSI Ministries. In the event that he/she is injured or becomes ill while attending the project and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent, I hereby authorize an approved ASELSI staff member to give such consent for me if I cannot be reached by telephone at one of the numbers indicated below or, because of an emergency, there is not time or opportunity to make a phone call. In the event that it becomes necessary for that person to give consent for us, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving of such consent so long as the treatment is administered under the supervision of a licensed physician. Additionally, I accept full responsibility for any expenses related to an illness or injury resulting from time on this mission trip, either during the trip or which might become evident after the return home.

*Please sign in the presence of a notary public.*

\_\_\_\_\_  
Parent / Guardian Signature Date  
(if applicant is under 18)

\_\_\_\_\_  
Printed Name of Parent / Guardian

\_\_\_\_\_  
Relationship To Applicant

\_\_\_\_\_  
1st Emergency Contact Number

\_\_\_\_\_  
2nd Emergency Contact Number

Notary: Please sign and affix seal.

## CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

State of \_\_\_\_\_ ) ) ss. County of \_\_\_\_\_ ) On

\_\_\_\_\_, \_\_\_\_\_ before me, \_\_\_\_\_, a notary public in and

for said state, personally appeared \_\_\_\_\_, personally known to me (or proved on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she/he executed the same in her/his authorized capacity, and that by her/his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

[NOTARIAL SEAL]

\_\_\_\_\_  
Notary Public for the State of:

\_\_\_\_\_  
My commission expires: