



**Sister Parish, Inc. / Iglesias Hermanas**  
Parent Consent and Authorization  
For Medical Treatment and Legal Advice

Name of Participant \_\_\_\_\_  
Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Current Age: \_\_\_\_\_ Current Date: \_\_\_\_\_  
MO / DA / YR

To Whom It May Concern,

I/We, the undersigned, am/are the parent(s) or legal guardian(s) of \_\_\_\_\_, and hereby give my permission to said minor to attend the Sister Parish, Inc. delegation from \_\_\_\_\_ (name of church) to the country of \_\_\_\_\_. I/We understand that participation and attendance require my/our minor child to travel to \_\_\_\_\_ (name of country).

During such event, I/We hereby authorize and direct any sponsor and/or chaperon of Sister Parish, Inc. or Sister Parish delegation from \_\_\_\_\_ (name of church) to give binding consent on my/our behalf to any doctor, hospital, medical facility, or health care provider for any emergency medical or surgical care which, in the sole judgment of the said doctor, hospital, medical facility, or any other health care provider is necessary, to preserve my/our child's health.

I/We hereby release and discharge such person, sponsors, administrator, or chaperons from any and all claims, damages, losses and liabilities of any kind or character resulting from or in any way connected with said person, sponsors, administrator, or chaperons giving consent to medical or surgical emergency treatment which is recommended or performed by such doctor, hospital, medical facility, or health care provider as being necessary to preserve my/our minor child's health. Said release is given in consideration of my/our minor child to participate in Sister Parish, Inc and \_\_\_\_\_ (name of church) delegation.

I/We affirm that on assumption of risk, my /our minor child will participate in the Sister Parish, Inc. delegation from \_\_\_\_\_ (name of church). I/We hereby release and forever discharge Sister Parish, Inc. and \_\_\_\_\_ (name of church), their officers, employees, agents, successors, and assigns from liability for any and all claims, known or unknown, for personal injuries and property loss sustained by my/our minor child and any damage resulting there from, as a consequence of participation in such event, whether such negligence of Sister Parish, Inc. and/or their officers, employees, or agents.

I further agree to indemnify Sister Parish, Inc. and \_\_\_\_\_ (name of church) their officers, employees, agents, successors, and assigns from all claims, damages, or actions brought at any time in the future by my/our minor child or anyone in his/her behalf, or any person for such personal injuries and/or property loss or damages.

\_\_\_\_\_  
(Father/Legal Guardian)

\_\_\_\_\_  
(Mother/Legal Guardian)

**PARENT CONSENT AND AUTHORIZATION  
FOR  
MEDICAL TREATMENT and LEGAL ADVICE**

\_\_\_\_\_  
(Father/Legal Guardian)

\_\_\_\_\_  
(Mother/Legal Guardian)

STATE of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me, a notary public in and for said county and state.  
\_\_\_\_\_  
(Father/Legal Guardian) to me known to be the  
person named in and who executed the foregoing Consent and Authorization and acknowledged that he  
executed the same of his own free act and deed and that the facts alleged in the foregoing instrument are  
true after being sworn upon her oath.

Witness my hand and Notary Seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

STATE of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me, a notary public in and for said county and state.  
\_\_\_\_\_  
(Mother/Legal Guardian) to me known to be the  
person named in and who executed the foregoing Consent and Authorization and acknowledged that she  
executed the same of her own free act and deed and that the facts alleged in the foregoing instrument are  
true after being sworn upon her oath.

Witness my hand and Notary Seal this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

MY COMMISSION EXPIRES: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_