

**Grace Emmanuel Church  
1470 Southeast Huffman Road  
Port Saint Lucie, FL**

**Medical Release and Youth Pledge**

**Section I. Parental Permission**

I hereby give permission for my child, \_\_\_\_\_, to go with the Grace Emmanuel Church of Port Saint Lucie, FL to participate in the Haiti Mission trip from Monday, April 5<sup>th</sup>, 2010 to Saturday, April 10<sup>th</sup>, 2010.

**Section II. Medical Information**

I attest to the fact that the above named child is covered by an insurance policy covering illness and injury. I accept all financial responsibilities concerning any medical emergency. I also accept all responsibility to transport my child back to the states in the event of illness, accident, or for disciplinary reasons.

Does your child have any allergies, reactions to medications, medications they are not to be given, or any other medical disorder which might be necessary to know for medical attention? If so, what are they?

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**Section III. Medical Permission** (if parents cannot be contacted)

I hereby give permission for the above named to receive medical treatment when the named youth is presented to a medical facility or doctor for treatment, accompanied by one of the adult designated leaders on this trip. My insurance information is:

\_\_\_\_\_  
(Name of Insurance)

\_\_\_\_\_  
(Account Number)

**Section IV. Emergency Numbers**

In case of an emergency, please contact us at one of the following numbers:

Mother \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

Father \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature)

**Section V. Conduct Pledge**

I promise to conduct myself at all times in a Christian manner and to obey the designated leaders promptly and cheerfully. I will respect the person and property of others and will do nothing that would endanger either.

\_\_\_\_\_  
(Youth's Signature)