

True North Helping Hands Summer 2020
Authorization, Information and Consent Form

Section A – Participant

Name _____ Age _____ Birth date _____

Address _____ Phone (____) _____

City _____ State/Province _____ Zip/Postal Code _____

Section B – Parent Authorization

I hereby give permission for my child, _____ to travel to Mexico and work with True North Helping Hands on the building project in Baja, Mexico from June 27th – July 5th 2020.

I give permission for my child to ride in any vehicles designated by the adult in whose care the minor has been entrusted. I, the undersigned parent or guardian, do hereby release True North Helping Hands, Baja Missions and any and all persons acting on its behalf from any and all claims, actions, causes of action and reasons of any and all unknown and unforeseen injuries and the consequences thereof (including, but not limited to, payment of any and all dental, medical and hospital expenses) resulting from or occurring while the above-named minor is participating in activities with the True North Helping Hands & Baja Missions. The undersigned expressly agrees to indemnify, save and hold harmless the parties released hereby.

I authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examinations, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Note: Team members will be using tools. Minors will not be allowed to use power saws unless a parent of that child is on the trip and makes that choice.

Father/Mother/LegalGuardian Date

Section C - Policy Information

Health Insurance Company _____ Policy No. _____

Doctor _____ Phone No. _____

Dentist _____ Phone No. _____

Emergency Contact _____ Phone No. _____

Date of last tetanus immunization _____

Allergies, medical conditions or medications _____

Section D - Participant Agreement

I have reviewed the rules and requirements for this trip and agree to abide by them. I understand that the leaders on this trip will set the rules and I agree to submit to their leadership.

Participant Member Date

TRAVEL PERMISSION FORM

I/We, the undersigned parent(s) or guardian(s) having legal custody of _____, a minor, do hereby agree that my son/daughter, or ward named above has permission to travel to Mexico with the True North Helping Hands Society of Burnaby, British Columbia during June 27th – July 5th 2020. . Any person over the age of majority acting on behalf of True North Helping Hands Society is empowered to act on my behalf during said trip.

Dated: This the _____ day of _____, 2020.

Parent or Guardian

Parent or Guardian

NOTARY PUBLIC: _____

Commission Expires: _____

Notary Seal: