

COSTA RICA 2010
Permission and Medical Release Form
Vineyard Church of Milan
[for minors]

Student's First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____

I, (print parent name) _____, give permission for my above named student to join the Vineyard Church of Milan for the **Costa Rica mission trip from July 28th to August 6th of 2010**. I release the Vineyard Church of Milan from responsibility and liability for any injury or illness that my child may sustain during this trip. I authorize the Milan Vineyard Church staff and leaders to act as agents for me, to consent to any emergency medical treatment; and hospital care advised and supervised by a physician, surgeon, or dentist who is licensed to practice. I expect to be contacted as soon as possible in the case of an emergency.

Parent or Guardian Signature: _____ **Date:** _____

Emergency Contact Numbers:

Name: _____ Telephone# _____ Relationship: _____

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