

# AIM 2024 PARENTAL CONSENT/MEDIAL AUTHORIZATION (MINOR)

**This form must be completed for all team members UNDER 18 YEARS OF AGE at time of trip. Parents or legal guardians of minors must complete this form. The information requested is to help provide safety of minors during AIM trips & activities.**

Trip location \_\_\_\_\_ Dates of trip \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Parent's Cell Phone \_\_\_\_\_ Parent's Work Phone \_\_\_\_\_

## *Consent, Certification, and Medical Authorization*

I/we, the undersigned, being the parent or legal guardian of the student named above (the "student"), do hereby consent to the student's assignment on and participation in an Ambassadors in Mission (AIM) outreach sponsored by the Youth Department of the MN District Council / Division of Foreign Missions, General Counsel of the Assemblies of God to (outreach location) \_\_\_\_\_.

Including, but not limited to, all of the activities customarily associated with an Ambassadors in Mission trip. I am aware of the hazards and risks associated with such a trip including, but not limited to, death or injury by accident, disease, terrorist acts, weather conditions, inadequate medical services and supplies, criminal activity, and random acts of violence. I/we hereby release the MN District / General Council of the A/G, its agents, assigns, employees and volunteer assistants from any liability whatsoever arising out of injury, sickness or damage which may be sustained by said student during the course of said trip.

Further, I certify that the student is physically fit and adequately trained to participate on such an AIM trip. I have contacted either our public health department or a travel clinic, and our local physician regarding vaccinations, immunizations, and other precautions for the prevention of disease. In addition, I have read the recommendations from the Center for Disease Control.

I understand that while the (above named) student participates in any AIM activity, he or she is responsible to abide by the rules set forth by the MN District Council and General Counsel of the Assemblies of God, and to comply with all orders and directives of AIM supervisory personnel. Any infraction of the rules by the student can result in dismissal from the program. In the event the student is dismissed from the program, I, the undersigned, agree to assume the cost of returning the student to his or her home. I also agree to forfeit any right to a refund of any pre-paid fees or expenses. I understand that such action would only be taken after notification of the student's pastor and parents or guardians.

Is your student presently being treated for an injury or sickness?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain) \_\_\_\_\_

Is your student taking any form of medication?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain) \_\_\_\_\_

Will your student bring along this medication on the trip?

Yes \_\_\_\_\_ No \_\_\_\_\_

Is your student allergic to any type of medication? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain) \_\_\_\_\_

Does your student have any allergies other than medical? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please explain) \_\_\_\_\_

Does your student ever sleepwalk? Yes \_\_\_\_\_ No \_\_\_\_\_

Can your student swim? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your student have any physical condition or illness that would prevent him/her from participating in rigorous activity?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain below, and your physician authorizing your student to participate in this activity must submit a written release.

Students name \_\_\_\_\_

Trip location \_\_\_\_\_

**Medical Treatment / Granting of Temporary Guardianship Authorization**

I understand that I will be notified in the case of a medical emergency involving my student. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my student is injured or becomes ill. I authorize the team leader or properly appointed staff member of the MN A/G District to make emergency medical care decisions on behalf of my student, if required by law or a health care provider.

I agree to notify the Minnesota Aim director (at: [minnesota.aim@gmail.com](mailto:minnesota.aim@gmail.com)) in the event of any health changes, which would restrict my student's participation on an AIM trip. I also understand that the adult supervisors reserve the right to restrict my student from any activity that they do not feel is within the physical capabilities of my student.

I/We the parent(s) or legal guardian(s) of the child listed above, do hereby grant temporary guardianship of our child to the trained Aim team leader or appointed staff member of the MN Assemblies of God District.

Temporary Guardian \_\_\_\_\_

(Signature of Parent/Guardian) \_\_\_\_\_ (Date) \_\_\_\_\_

(Signature of Parent/Guardian) \_\_\_\_\_ (Date) \_\_\_\_\_

***Must include BOTH parental Signatures***

I have sole custody of my child \_\_\_\_\_ (please initial here)

I share joint custody of my child \_\_\_\_\_ (please initial here)

If joint custody, parents may sign separate forms

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, \_\_\_\_\_, a Notary Public in and for said state personally appeared \_\_\_\_\_, known to me to be the person(s) who executed the within agreement and acknowledged to me that he/she/they executed the same for the purposes therein stated.

My Commission expires: \_\_\_\_\_

Signature: \_\_\_\_\_

Notary stamp here