

TRAVEL AUTHORIZATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

All Conference attendees must complete and bring to the Conference/Convention/Assembly. Sponsors retain during travel to and from any event. No permission slip, no admittance.

I hereby grant permission for my child, _____ Age _____
Who is a minor with a Date of Birth of _____ to take part in the _____
_____ Conference/Convention/Assembly located at _____ (town/state)
on the following dates _____. I agree to hold the Conference/Convention/Assembly and
Virginia Area harmless for any or all occurrences that might occur while my son/daughter is away from home.

I agree that _____ is in charge and will at all times make decisions in the
best interest of my child. In case of accident or the need of emergency medical attention, the person designated above
has my permission to use his/her best judgment. I hereby authorize the person designated above to obtain any
emergency medical care necessary for my son/daughter at any licensed medical or dental location during the
Conference/Convention/Assembly weekend.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care that
might be required and is given to provide authority and power to the licensed medical or dental professional in the
exercise of his/her best judgment in an emergency for my child in my absence.

(Sign in presence of a notary public)

Signed by Parent or Legal Guardian _____

Print Name _____ Date _____

All Conference Attendees, including those over age 18, should complete the following:

Home Phone _____ Emergency Phone _____

Name of Insurance Company _____

Policy Number _____ Group # _____

Doctor's Name and Number: _____

Dentist's Name and Number: _____

Existing medical conditions: _____

Existing allergies: _____

Medication the Attendee is carrying with them: _____

(Signature - if over 18)

Signature - of Parent or Guardian, (if under 18)

State of _____)
County of _____)

Before me, the undersigned authority, on this day personally appeared _____, to me known and known by me to be the person who signed
the above authorization, and acknowledged to me that (s) he executed the same for the purpose therein stated.

WITNESS my hand and seal this _____ day of _____, 2006

NOTARY PUBLIC, State of _____

My commission Expires:

Stamp