



CENTER FOR
HOLY LANDS STUDIES

PARENTAL CONSENT FORM

Parents and legal guardians of students under the age of 18 must complete this form and return it to the Center for Holy Lands Studies (CHLS). The information requested is designed to assist CHLS in providing for the safety of minors during their program to Israel. Please either mail or email a copy of the completed form to CHLS (*the original notarized form must accompany the traveling minor*):

Send Photocopied Notarized Form to:

Center for Holy Lands Studies
1445 N Boonville Ave
Springfield, MO 65802

Send Scanned Copy to:

info@thechls.org

STUDENT INFORMATION

Student's Name: _____

Father's Name: _____

Mother's Name: _____

Date of Birth: _____ **Country of Citizenship:** _____ **Gender:** _____

Mailing Address: _____
Street Address

City State Zip Code Country

Mobile Phone: (_____) _____ **Other Phone:** (_____) _____

Primary Email: _____

PARENT/GUARDIAN INFORMATION

First Parent/Guardian

Name: _____ **Relationship to the Student:** _____

Mailing Address: _____
Street Address

City State Zip Code Country

Mobile Phone: (_____) _____ **Other Phone:** (_____) _____

Primary Email: _____

PARENT/GUARDIAN INFORMATION (Continued)

Second Parent/Guardian

Name: _____ Relationship to the Student: _____

Mailing Address: _____

Street Address

City

State

Zip Code

Country

Mobile Phone: (_____) _____ Other Phone: (_____) _____

Primary Email: _____

MEDICAL QUESTIONNAIRE

1) Is your student presently being treated for an injury or sickness or taking any form of medication for any reason? Yes No

If yes, please explain and list any medications:

2) Is your student allergic to any type of medication? Yes No

If yes, please explain:

3) Does your student medically require a special diet? Yes No

If yes, please explain:

4) Does your student have (or has your student ever had) any of the following? (Please check all that apply and explain)

- Seizures
- Asthma
- Heart Murmor
- Diabetes
- Hay Fever
- Kidney Disease
- Other

If yes, please explain:

5) Does your student have any allergies? Yes No

If yes, please explain and list any medications:

6) Has your student ever sleep walked? Yes No

7) Can your student swim? Yes No

8) Does your student have any physical condition or illness which would prevent him/her from participating in normal, rigorous activity? Yes No

If yes, please explain:

Parent/Guardian (1) Initials: _____ **Date:** _____

Parent/Guardian (2) Initials: _____ **Date:** _____

MEDICAL TREATMENT AUTHORIZATION

We understand that we will be notified in the case of a medical emergency involving our student. However, in the event that we, or either of us, cannot be reached, we authorize the calling of a doctor and the providing of necessary medical services in the event our student is injured or becomes ill. We authorize CHLS to make emergency medical care decisions on behalf of our student, if required by law or a health care provider. We understand that CHLS, or any of their agents, employees, or volunteers, will not be responsible for medical expenses incurred on the basis of this authorization. We agree to notify CHLS in the event of any health changes which would restrict our student's participation in any activities. We also understand that CHLS reserves the right to restrict our student from any activity that they do not feel is within the physical capabilities of my student.

Family Physician: _____

Office Phone: (_____) _____ **Mobile Phone:** (_____) _____

Student's Insurance Company: _____

Student's Insurance Policy Number: _____

Parent/Guardian (1) Initials: _____ **Date:** _____

Parent/Guardian (2) Initials: _____ **Date:** _____

RELEASE

I (We), _____, do hereby give CHLS, the General Council of the Assemblies of God, and any/all of their licensees and legal representatives the irrevocable right to use my student's name (or any fictional name), picture, portrait, or photograph in all forms and media and in all manners, including but not limited to, composite or distorted representations, for advertising, trade, or any copy, that may be created in connection therewith.

I verify that I am the parent/guardian of the minor named above and have the legal authority to execute the above release. I have read this release and fully understand its contents. I approve the foregoing and waive any rights in the premises.

Parent/Guardian (1) Initials: _____ **Date:** _____

Parent/Guardian (2) Initials: _____ **Date:** _____

INSURANCE ELECTION

I am (We are) aware of the potential risks to my student associated with participating in this study program in Israel. I (We) further understand that CHLS includes overseas medical and general liability insurance for the duration of my program and that I am responsible for obtaining any additional travel insurance coverage that I consider necessary.

Parent/Guardian (1) Initials: _____ **Date:** _____

Parent/Guardian (2) Initials: _____ **Date:** _____

AUTHORIZATION FOR FOREIGN TRAVEL WITH A MINOR

Instructions: The original notarized form MUST accompany the traveling minor.

Both birth parents or legal guardians must sign:

- If divorced (If divorced with sole custody, legal documentation from the parent with custody must be attached and notarized).
- If a natural parent is deceased, a certified copy of the death certificate is required.
- Step-parents cannot sign for a minor unless that child has been legally adopted by that step-parent, in which case, legal documentation supporting the adoption must be attached and notarized.

CONSENT, CERTIFICATION, AND AUTHORIZATION

I do hereby grant full authorization and consent for my child, _____,
who is a U.S. citizen and holds the U.S. passport number of _____,
to travel outside of the United States of America with CHLS. I have approved the following travel plans:

- 1) Dates of Travel: from _____ to _____.
- 2) Destination: _____.

I authorize CHLS to make any necessary changes to the travel plans specified above. Under penalty of perjury under the laws of the state of _____, I attest to the truthfulness, accuracy, and validity of the foregoing statements.

I have honestly and accurately completed all parts of the Parental Consent Form to the best of my ability.

First Parent/Guardian Signature	Second Parent/Guardian Signature
First Parent/Guardian Name (<i>please print</i>)	Second Parent/Guardian Name (<i>please print</i>)
Date	Date

AUTHORIZATION OF NOTARY PUBLIC

STATE OF: _____ COUNTY OF: _____

On _____, of 20_____, before me, _____,
(Notary's Name)
a Notary Public in and for said county, personally appeared _____,
(Subscribing Witness)

known to me to be the person who executed the within agreement and acknowledged to me that
he/she executed the same for the purposes therein stated.

Notary Public Signature: _____

My commission expires: _____

Affix Notary
Stamp Here