



Medical Consent Form

In case of emergency, Eric and Michele Rush have my consent to authorize medical care for my child (ren) listed below. We understand we will have travel insurance through Faith Ventures. Please list children below:

Our family physician is: _____

His/her address is: _____

His/her telephone number is: _____

Allergies: _____

Contact me immediately at: _____

If unable to contact, please call:

_____ @ _____
Name Telephone

_____ @ _____
Name Telephone

Signed by:

Signature

Name: _____

Address: _____

Telephone: _____

Date: _____