

NOTARIZED PARENTAL CONSENT FORM

COMPLETE THIS SECTION IF MINOR IS TRAVELING WITH JUST ONE PARENT OR NO PARENT

PERMISSION TO TRAVEL AGREEMENT

I/We agree that my/our child _____
Print full name of mission project participant that is less than 18 years of age.

Has permission to travel to _____
Country(ies) participant will travel to

With (circle applicable phrase, cross out other phrase) the other parent/ designated adult listed on this form

During the dates of _____ through _____
date of departure from home date of arrival back home

Name of Father/Legal Guardian (Please Print): _____

Signature of Father/Legal Guardian: _____ Date: _____

Name of Mother/Legal Guardian (Please Print): _____

Signature of Mother/Legal Guardian: _____ Date: _____

NOTARY PUBLIC

State of _____

County of _____

On _____

Before me, _____
Name/Title of Officer --- e.g., "Jane Doe, Notary Public"

personally appeared _____
Name(s) of Signer(s)

_____ personally known to me OR _____ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instruments, consisting of the "Medical Appointee Plan" and the "Permission to Travel Agreement" and acknowledged to me that he/she/they executed the same in his/her/their capacity(ies), and that by his/her/their signature(s) on the instruments, the person(s) consented to said instruments.

WITNESS my hand and official seal.

Signature of Notary