

CONSENT TO TRAVEL for MINOR

I. The Parent(s)

I/We, _____, am/are the lawful custodial parent(s) and/or non-custodial parent(s) or legal guardian(s) of:

II. The Minor

Full Name: _____

Date of Birth: _____ Place of Birth: _____

- Passport Number (if available): _____ Country of Issued: _____
- Date Issued: _____ Date Expiration: _____

III. Traveling Alone/ Accompanying Person

- I authorize my child to travel **with the following organization/ individual:**

- Organization/ Individual Name: Encounter God's Presence
- Relationship to Minor (if applicable): _____
- U.S. or Foreign Passport Number (if applicable): _____
 - Country of Issuance: _____
 - Date Issuance: _____
 - Date Expiration: _____

IV. Itinerary

I authorize my child to go on this mission trip, to fly traveling from _____ to the following location _____ from _____ and returning _____

V. Signature(s)

Parent(s) / Legal Guardian Printed Name(s): _____

Parent(s) / Legal Guardian Signature(s): _____

Date: _____ Phone #'s: _____

In addition, I authorize any necessary routine or emergency medical treatment during this trip.

Sworn to and signed before me, a Notary Public, this: _____ day of _____, 20____

Notary Public Signature and Seal