Minor Permission/Medical Release Form

****This is a sample form which has been used for groups in the past. You should verify this form will be acceptable in your State or County.**

To Whom This May Concern:

We (I)the parent(s) of _____, give
Child's name
_____, permission to take our son/daughter to Guatemala,
Leaders name
_____.
(dates of trip)

Furthermore, if my(our) child should require medical treatment while in Guatemala, we(I) authorize the above named leader to seek needed treatment.

This power/authorization herein given shall cease to be effective and be null and void without further action on the part of the grantor hereof on and after _____.
(date)

_____
Parent

_____
Parent

Notary Certificate

State of _____

County of _____

Subscribed and sworn to before me this _____day of _____, 2_____.

_____
Notary Public

My commission expires _____