# Notarized Parental Consent Form

Including: MEDICAL APPOINTEE PLAN
PERMISSION TO TRAVEL AGREEMENT

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

## MEDICAL APPOINTEE PLAN

We, _____ and _____
*Father/Legal Guardian* *Mother/Legal Guardian*

As parents and/or legal guardians of _____
*Print full name of mission project participant who is less than 18 years of age*

appoint and designate the following two people to be our lawful Appointees (Appointee), having full power to act for us, and in our name, with respect to any proposed health care services, including medication, for our child (listed above as "mission project participant").

This Medical Appointee Plan is intended to give full power to our Appointee to authorize such healthcare services as the appointee deems desirable. These may include, but not be limited to, signing all documents, contracts and agreements related to these healthcare services. Each Appointee may exercise this power either: 1) alone and without the approval/consent of the other Appointee named below; or, 2) jointly with the other Appointee named below.

Appointee #1 _____ _____
*(Full Name)* *(Title/Role During Project)*

Appointee #2 _____ _____
*(Full Name)* *(Title/Role During Project)*

Mission Project Location: _____ _____ _____
*(City)* *(State/Province)* *(Country)*

We give our Appointee full authority to do all acts necessary to perform the power granted, as if we were personally present to perform these acts, and we agree with such acts.

It is understood and agreed that our Appointee shall not be held responsible or liable for any loss or losses whatsoever that my result from any acts done in good faith by our Appointee by virtue of this Medical Appointee Plan.

Any person may deal with our Appointee in full reliance of this Medical Appointee Plan. This form shall be valid

for the duration of the _____ Church mission project listed above.
*(name of church)*

We understand that _____ Church is not responsible for transportation costs
*(name of church)*
for medical or any other reason.

IN WITNESS WHEREOF, I/we have caused this Medical Appointee Plan to be signed in my/our names(s).

Name of Father/Legal Guardian *(PLEASE PRINT)* _____

Signature of the Father/Legal Guardian: _____

Name of Mother/Legal Guardian *(PLEASE PRINT)* _____

Signature of the Mother/Legal Guardian: _____

NOTARIZED PARENTAL CONSENT FORM

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

## PERMISSION TO TRAVEL AGREEMENT

I/we agree that my/our child _____
*(Print full name of mission project participant who is less than 18 years of age)*

has permission to travel to _____
*(country/countries)*

with (circle applicable phrase, cross out other phrase) the other parent / designated adult listed below

during the dates of _____ through _____
*(date of departure from home)* *(date of arrival back home)*

Name of Father/Legal Guardian *(PLEASE PRINT)* _____

Signature of the Father/Legal Guardian: _____

Name of Mother/Legal Guardian *(PLEASE PRINT)* _____

Signature of the Mother/Legal Guardian: _____

## NOTARY PUBLIC

State of _____

County of _____

Date _____

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 authorized capacity(ies), and that by his/her/their signature(s) on the instruments, the person(s) consent to said instruments.

WITNESS my hand and official seal.

_____
*(Signature of Notary)*