**Parental Consent for International Travel**

I give \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, DOB \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Full Name of Dependent child)

Permission to travel to Mexico with Andy Jordan on the Suwannee Baptist Association Medical Mission Trip scheduled for June 27 – July 5, 2019

**Parental Consent, Release and Waiver Form** *\* If you are 18 years of age or over, parental consent is* ***not*** *required.*

I, the parent or guardian of , give my voluntary consent to his/her participation in Suwannee Missionary Baptist Association, Inc. Mexico Medical Mission Trip

I hereby release the Suwannee Missionary Baptist Association, Inc. and its officers, directors, employees, agents and volunteers from any and all liability resulting from any and all claims or losses, personal injury, accident, misfortune, or damage to his/her person or property of any nature that he/she may sustain on account of, by reason of or arising out of or in connection his/her participation in any voluntary effort, work or other activity, whether at the location or traveling to and/or from said location and hereby waive all such claims, demands and causes of action against any of the above.

In the event of an accident, injury, or illness, the Chipola Baptist Association, Inc. and the Suwannee Missionary Baptist Association, Inc. and its officers, directors, employees, agents and volunteers do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, disability, worker’s compensation, property or automobile insurance. In the event of an accident, injury, illness or property damage, Suwannee Missionary Baptist Association, Inc. and its agents will make every effort to contact parents/guardians immediately if necessary.

**Signature of Parent/Guardian Date**

( ) \_\_\_\_\_\_\_\_

*Printed Name of Parent/Guardian Phone Number*

*My permission is granted for*

*Suwannee Missionary Baptist Association, Inc. to make decisions on my, or my child’s behalf regarding necessary medical treatment in case of sickness or injury.*

**Signature of Parent or Guardian** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ personally, appeared before me and in my presence signed this permission form.

Witness my hand of official seal this day of year

My commission expires \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Notary Public \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_