



Guatemala Mission Trip

Consent for Minor to Travel

(This form is required for Participants 18 years & younger traveling without a parent.)

Date _____

My child, _____, has my permission to travel to Guatemala with the Church of the Nativity parish mission trip, leaving on _____ and returning to the United States on _____.

If my child needs medical treatment while on the trip, I authorize _____, to obtain necessary medical treatment.

Parent/Guardian signature _____

Parent/Guardian signature _____

Notarization:

On this _____ day of _____, in the year of _____, personally appeared before me, the person signing _____, known by me to be the person who completed this document and acknowledged it as his/her free act and deed. IN WITNESS WHEREOF, I have set my hand and affixed by official seal in the County of _____, State of _____ on the date written above.

Notary Public _____

Commission Expires _____