

Permission to Travel

Mission Trip to Nuevo Laredo, Mexico March 26-April 3, 2010

I, the parent/guardian of _____ have given permission for the above named youth to travel and participate in all activities surrounding the Mission Team Trip to Mexico, sponsored by All Saints Lutheran Church. The above named youth has my permission to travel from Minneapolis/St. Paul to Mexico, following the plans of the itinerary, which I have read. I understand that this trip also includes crossing into Mexico. The leaders of this trip have my permission to transport the above named youth across the Mexican/American Border.

In consideration of the opportunity for my child to participate and fully recognizing that such an undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold harmless All Saints Lutheran Church, their agents, employees and officers, and the chaperones, leaders, organizers and sponsors, and persons transporting our child to and/or from these activities. Neither All Saints Lutheran Church, nor any of said persons shall be held financially responsible for any injury, illness or death incurred as a direct result of this activity.

(sign in the presence of a notary public) By signing the above statements, I acknowledge that I have read, understand, and agree to the above statements.

Parent/Guardian Signature _____ Date _____

MEDICAL AUTHORIZATION

Allergies/Medical Conditions of which we should be aware: _____

Medications to be brought to event and when taken: _____

I, the parent/guardian of _____ do hereby authorize medical treatment for the above named youth, in the case of an emergency, during the above-noted event, sponsored by All Saints Lutheran Church. In the case that I am unable to be reached, I hereby authorize the leaders of this trip to act on my behalf, in securing medical treatment for the above named youth.

(sign in the presence of a notary public) By signing the above statements, I acknowledge that I have read, understand, and agree to the above statements.

Parent/Guardian _____ Date _____

PARENT(S) NAMES _____

TO BE COMPLETED BY NOTARY PUBLIC ONLY

State of Minnesota, County of _____

Signed or attested before me on _____

By _____

Signature of notary public _____

THIS FORM MUST BE SIGNED AND NOTARIZED BY LEGAL PARENTS/GUARDIANS OF THE YOUTH ATTENDING THE TRIP. IF PARENTS ARE DIVORCED, AND THE ABSENT PARENT STILL HAS CUSTODY RIGHTS, HE/SHE MUST ALSO SIGN AUTHORIZATIONS.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

PARENT(S) NAMES _____

HOME PHONE# _____

WORK PHONE# _____ WORK PHONE# _____

CELL PHONE # _____ CELL PHONE # _____

OTHER EMERGENCY CONTACT: _____ PHONE _____
(If a parent cannot be reached.)

MEDICAL INSURANCE COMPANY _____

POLICY NUMBER _____