



northeast DISTRICT

THE wesleyan CHURCH

Permission for Minor Travel and Medical Care

I, _____ and I, _____
(PRINT FULL NAME of Mother/Guardian) (PRINT FULL NAME of Father/Guardian)

hereby grant permission for _____, age _____ years old,
(PRINT FULL NAME of Minor)

who is my/our _____, and who was born at _____
(Son, Daughter, Ward, etc.) (City, County, State)

on _____, _____, to travel with a Northeast District team
(Date) (Year)

under the leadership of _____ to, in, and from
(Team Leader)

_____ on or about _____.
(Trip Destination) (Trip Dates)

Furthermore, _____, a member of this team, is authorized to act as
(Designated Guardian)

temporary guardian for this minor child during this time period and to make decisions that are necessary for medical care.

SIGNATURES:

(Signature of Mother/Guardian) (Signature of Father/Guardian)

(Address) (Address)

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Phone: Home (_____) _____ Work (_____) _____ Phone: Home (_____) _____ Work (_____) _____

State of: _____ County of: _____

Before me, a notary public, personally did appear the above person(s) known to me, and he/she/they did affirm the signing of this document on this _____ day of _____, 20____.

My Commission Expires: _____
(Signature of Notary)

(Notary Printed)