



# 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)