

PARENTAL CONSENT FORMS

FOR MINOR CHILDREN TRAVELING WITHOUT BOTH BIRTH PARENTS

In Addition To The Child's Citizenship Documentation, A Minor Child Under The Age Of 18 Must Have A Legal Guardian, Or Parental Consent Form From Their Birth Parents To Exit The United States And Enter Most Foreign Countries. Parents Should Complete One Of The Forms Listed Below For Each Minor Child Under The Age Of 18 (At The Time Travel Starts) To Prevent Immigration Problems When Entering Or Leaving The Country.

When The Form Is Completed, ONLY SIGN It In The Presence Of A Notary Public!

FORM #1 - Both Birth Parents Are Alive - If both birth parents are alive, and one or both of them will NOT be traveling with minor children, the non-traveling parent(s) must complete the form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country or to allow the minor child to travel on their own with no guardian.

FORM #2 - One Birth Parent Is Deceased - If one birth parent is deceased, and the surviving birth parent WILL be traveling with the minor child(ren) they need only to have in their possession a certified copy of the death certificate of the deceased birth parent and the child's citizenship documentation. However, if the surviving birth parent WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of the death certificate for the other non-living birth parent.

FORM #3 - Guardian For Minor Child - If both birth parent is deceased, or you have legal guardianship of minor child(ren) and WILL be traveling with the minor child(ren) you need only have in your possession a certified copy of your guardianship papers and the child's citizenship documentation. However, if the guardian WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of their guardianship papers to it.

Fill In the Forms Using the Codes Below

- a) The full name (*first, middle & last*) of the non-traveling parent(s) or legal guardian.
- b) The relationship of the non-traveling parent(s) to this minor child.
- c) The full name (*first, middle & last as shown on their citizenship documentation*) of the person you authorize to travel with this child.
- d) The relationship of this person to the minor child. (*Father, Mother, Uncle, Friend, Teacher, etc.*)
- e) The full name (*first, middle & last as shown on their citizenship documentation*) of the child.
- f) The child's age at the time travel begins.
- g) If the form requires, place the word "Me," "We," or "Us" in this space.
- h) Name only the countries listed on the child's itinerary they will be traveling to. (Bahamas, Mexico, etc.)
- i) The date travel is to start.
- j) The date child will be returning to the United States.
- k) Answer the Insurance, medical treatment and emergency notification section.

AFFIDAVIT OF PARENTAL CONSENT
For Travel Outside The United States Of A Minor Child
Without Both Birth Parents Traveling

FORM # 1 - BOTH BIRTH PARENTS ARE ALIVE • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

_____ [b] Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without _____: [g]

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [_] AUTHORIZE; [_] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____

Address: _____

City / State / Zip: _____

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

Alternate Name & Phone: _____

Signature: _____

(Signature Of Non-Traveling Birth Parent(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 20 ____

Signature Of Notary Public: _____

Notary Public in and for the County of _____, And the State Of _____.

My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page

AFFIDAVIT OF PARENTAL CONSENT
For Travel Outside The United States Of A Minor Child
Without Both Birth Parents Traveling

FORM # 2 - ONE BIRTH PARENT IS DECEASED • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

_____ [b] And Surviving Birth Parent Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without Me:

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [_] AUTHORIZE; [_] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____

Address: _____

City / State / Zip: _____

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

Alternate Name & Phone: _____

Signature: _____

(Signature Of Surviving Non-Traveling Birth Parent • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 20 ____

Signature Of Notary Public: _____

Notary Public in and for the County of _____, And the State Of _____.

My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page

AFFIDAVIT OF PARENTAL CONSENT
For Travel Outside The United States Of A Minor Child
Without Both Birth Parents Traveling

FORM # 3 - GUARDIAN FOR MINOR CHILD • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

The Legal Guardian Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without _____: [g]

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [_] AUTHORIZE; [_] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____

Address: _____

City / State / Zip: _____

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

Alternate Name & Phone: _____

Signature: _____

(Signature Of Non-Traveling Legal Guardian(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 20 ____

Signature Of Notary Public: _____

Notary Public in and for the County of _____, And the State Of _____.

My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page

MITC YOUTH PERMISSION, RELEASE AND MEDICAL CONSENT FORM

The undersigned parent(s) or guardian(s) hereby give _____ the express permission to attend _____ from _____ to _____.

1. Child's name and address: _____

2. Parent or guardian name(s) and address (s) _____

3. Please list the 2 people you would want notified in case of an emergency, if you are not available:

A. _____ Relationship: _____

Address: _____ Phone: _____

B. _____ Relationship: _____

Address: _____ Phone: _____

4. Family Physician: _____ Phone: _____

5. Health, medical or hospitalization insurance company and identification number:

6. List any and all allergies to food, drugs, insect stings/bites, poison plants, etc.

7. Any medical, physical or other problems we should be aware of: _____

8. Will your child be taking any medication on this trip? What kind? _____

9. When did your child have a Tetanus shot? _____

(Signed) _____ Date: _____

*Has your child had the following immunizations?

Polo _____ Measles _____ Mumps _____ Smallpox _____ Whooping Cough _____ Other _____

*Does your child have?

Asthma _____ Sinusitis _____ Bronchitis _____ Diabetes _____ Kidney Trouble _____ Dizziness
_____ Stomach Upset _____ Hay Fever _____ Sleep Walking _____ other _____

*Previous Operations or serious illness:

MITC YOUTH PERMISSION, RELEASE AND MEDICAL CONSENT FORM

The undersigned represent and agree that they have listed all of the child’s physical conditions and illnesses that may need attention.

The undersigned hereby give to the ministers, staff persons, chaperons accompanying the child on this activity, or any attending physician permission to make such decisions, to request, authorize or perform such medical treatment or health care (including without limitation surgery, anesthesia, CPR, air-vac, ambulance and emergency room care) as may be necessary and proper under the circumstances. The undersigned agree that they _____, their insurance company will bear full responsibility for all costs related to such treatment and care.

The undersigned RELEASE, AQUIT, DISCHARGE AND AGREE TO INDEMNIFY AND HOLD HARMLESS _____, it’s personnel, chaperones and any physicians accompanying the groups or child on the trip from any and all actions, claims, damages and liabilities (SPECIFICALLY AND INCLUDING CLAIMS ARISING OUT OF THE FAULT OR NEGLIGENCE OF THE PARTIES RELEASED HEREBY) past, present, and future arising out of the above trip or activity or arising out of treatment of any sickness, injury or accident incurred by the child during or in connection with the above trip or activity.

Each of the undersigned have read the rules for the trip and the list of what to take. We understand and accept our responsibility for the good of the whole group. We agree to abide by these rules.

The undersigned parent(s) or legal guardian(s) hereby represent and acknowledge that this child is under the undersigned’s care, custody and control and that all of the child’s parents and guardians have signed this form.

BOTH PARENTS MUST SIGN: Parent(s) or legal guardian(s) signature(s):

_____ Date: _____ Date: _____
(Father/Guardian) (Mother/Guardian)

Child’s Signature: _____ Date: _____

State: _____
County: _____

On this, _____ day of _____, 20____, before me a notary public, the undersigned officer, personally appeared _____, known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes therein contained.

In witness hereof, I hereunto set my hand and official seal.

Notary Public Date

MITC YOUTH PERMISSION FORM

_____ has our permission to accompany -
_____ sponsored by _____ in
_____ from _____ through _____ at Mexican Indian
Training Center (MITC) in Cordoba, Veracruz Mexico. _____ further has our
permission to remain at MITC to participate in special mission work from _____ to
_____.

The undersigned represent and agree that they have listed all of _____ physical
conditions and illnesses that may need attention. The undersigned hereby give the Director Dan Hall,
administrative employees, faculty and mission staff of Mexican Indian Training Center, Cordoba Mexico
(MITC), or any attending physician permission to make decisions, to request, authorize or perform such
medical treatment and health care for _____ as may be necessary or proper under
the circumstances, including, without limitation, surgery, anesthesia, CPR, air-vac, ambulance and emergency
room care.

The undersigned RELEASE, ACQUIT, DISCHARGE AND AGREE TO INDEMNIFY AND HOLD HARMLESS MITC, it's
director, personnel, administration, facility, mission staff and insurers from any and all actions, claims,
damages and liabilities (SPECIFICALLY INCLUDING CLAIMS ARISING OUT OF THE FAULT OF NEGLIGENCE OF
THE PARTIES RELEASED HEREBY) past, present and future arising during Mission trip or arising out of the
treatment of any sickness, injury or accident incurred by _____ during the mission
trip.

The undersigned understand that _____ will be involved in the full range of mission work
of MITC, not only on the MITC compound in Cordoba, but also throughout the ministry range of MITC and it's
staff. Each of the undersigned has talked with the Shreveport based Executive Director of MITC and
understands the full nature of the mission and ministry work that _____ will be
involved in and understands and accepts responsibility for _____ compliance with the
rules and expectations of MITC during the mission trip.

The undersigned parents hereby represent and acknowledge that their child
_____ is under the care, custody and control and that all of the child's
parent(s)/legal guardian(s) have signed this form.

BOTH PARENTS MUST SIGN: Parent(s) or legal guardian(s) signature(s):

_____ Date: _____ Date: _____
(Father/Guardian) (Mother/Guardian)

Child's Signature: _____ Date: _____

State: _____

County: _____

*On this, _____ day of _____, 20____, before me a notary public, the undersigned officer, personally
appeared _____, known to me (or satisfactorily proven) to be the person whose
name is subscribed to the within instrument, and acknowledged that he executed the same for the purposes
therein contained.*

In witness hereof, I hereunto set my hand and official seal.

Notary Public

Date

Mexican Indian Training Center, Inc.

Codorba, Veracruz, Mexico

The undersigned, _____, hereby gives Director, Dan Hall, administrative employees, faculty and mission staff of the Mexican Indian Training Center, Cordoba, Veracruz, Mexico (MITC), or any attending physician permission to make decisions, to request, authorize or perform such medical treatment and health care as may be necessary or proper under the circumstances, including, without limitation, surgery, anesthesia, CPR, air-vac, ambulance and emergency room care.

The undersigned, _____, RELEASES, AQUITS, DISCHARGES and AGREES TO INDEMNIFY and HOLD HARMLESS MITC, it's director, personnel, administration, faculty, mission staff and insures from any and all actions, claims, damages and liabilities (SPECIFICALLY INCLUDING CLAIMS ARISING OUT OF THE FAULT OF NEGLIGENCE OF THE PARTIES RELEASED HEREBY) past, present and future, arising during the mission trip or arising out of the treatment of any sickness, injury or accident occurring during the mission trip.

The undersigned, _____, understands that he/she will be involved in the full range of mission work of MITC, not only on the MITC compound in Cordoba, but also throughout the ministry range of MITC and it's staff. The undersigned understands and accepts the responsibility for compliance with the rules and expectations of MITC during the mission trip.

Signature: _____ Date: _____

Print Name: _____

MEXICAN-INDIAN TRAINING CENTER

Personal Data Form

Church/Group: _____ Travel Dates: _____

Name: _____ Cell Phone: _____

Address _____ Occupation: _____

Email Address: _____ Home Phone: _____

Date of Birth: _____ Age: _____ Gender (Circle one): Male Female

Passport Number: _____ Expiration Date: _____

Please attach a photocopy of the Photo Page of your passport with this form.

Do you speak Spanish (Circle one)? Fluently Fairly Well A Little None

What skills can you offer? Circle all that apply: Medical Dental Minister

Construction, such as Woodworking, Painting, Welding, Concrete, and more

Teacher, such as sewing, crafts, children studies, and more

Other skills: _____

Emergency Contacts (Name, Relationship, and Home & Cell phone numbers (list two):

1 _____

2 _____

Health Insurance (List Company Name, Policy Number, and Phone Number:

Primary: _____

Secondary: _____

Primary Physician: _____ Phone Number: _____

Other Physician: _____ Phone Number: _____

Current Medications, both prescription and non-prescription (List Name, Dose, and Frequency):

Current Medical, Physical, or Other Problems:

Serious Illnesses or Operations during the last 12 months:

Please continue and sign on Page 2

Name: _____

Immunizations Received in Last 10 Years: _____

Last Tetanus Shot: _____

List All Allergies (Food, Drug, Insects, Plants, etc.):

Have you ever had problems with the following conditions?

- | | | |
|------------|-----------|-----------------|
| Asthma | Dizziness | Sleep Walking |
| Bronchitis | Heart | Stomach |
| Cancer | Kidneys | Other Problems: |
| Diabetes | Sinusitis | |

Please explain any of these problems:

Anything else we need to know about you?

Signed: _____ Date: _____

Personal Travel Information Form

Full name as appears on your Passport: _____

Country of Birth: _____

Current Nationality: _____

Date of Birth: _____

Male / Female | Single / Married

Current Address: _____

Passport Number: _____

Expiration Date: _____

Place of Issue: _____

Occupation: _____