

Permission for a Minor to travel with Mercy & Truth Medical Missions

I grant permission to (Name of Minor) _____,
Age _____ who is my (Son/Daughter) _____, and who was born in
(City) _____, (State) _____, (County) _____
on (Date) _____, to take a trip with Mercy & Truth Medical Missions, Inc. to
_____.

Signature (Parent/Guardian) _____

Signature (Parent/Guardian) _____

Sworn to me this _____ day of _____, 200__.

Notary Public in and for the County of _____ State of _____.

Notary Public

My Commission expires _____