

“Now Is The Time for Missions”

Guatemala Mission 2018

PARENT PERMISSION FORM

(signatures of both parents or legal guardians are required, even if they are accompanying their child)

To whom it may concern:

I/We _____
parent(s) or guardian(s)

give permission for **my/our child** _____ to participate in “Now is the Time for Missions” Guatemala Mission 2018 traveling to Guatemala under the leadership of Shawn Smith, and co-sponsor Santa Clara Foursquare Church.

I/We _____
parent(s) or guardian(s)

give permission for Shawn Smith, Damaris Smith, and/or the applicable Crew Leaders to make all health and medical decisions for my/our child during the duration of the Guatemala Mission 2018, beginning June 17 through July 1, 2018.

I/We understand that full effort will be made to contact and discuss any major treatment with **me/us**.
I/We understand that communication can be erratic, difficult, and sometimes impossible internationally.

I/We _____
parent(s) or guardian(s)

give permission for **my/our child** _____ to be transported across country borders if necessary for medical treatment and/or evacuation.

Although extremely rare, **I/We** _____ understand that **my/our child** _____ may be in proximity to and/or participating in activities with children who may be HIV+.

Father/Guardian: _____
(please print full name) (signature) (date)

Mother: _____
(please print full name) (signature) (date)