

EXPLANATION ABOUT THE NOTARIZED PARENTAL CONSENT FORM



WHO NEEDS IT?

Any minor (someone who has not reached their 18th birthday by the start date of the project) who is participating on a mission project *without both parents** must have a **"Notarized Parental Consent Form"** signed, notarized and kept in their possession at all times (along with their other travel documents). Group Project volunteers should send their **second original notarized form** to their group leader at least one month before the project departure date.

WHAT IS IT?

The **"Notarized Parental Consent Form"** is a two-page form that indicates the parents' permission for several items pertaining to their child participating on the mission trip. This document has two sections, outlined below, plus the notary public information.

1. **Medical Appointee Plan:** Indicates the parents' permission for either of two other adults to make healthcare decisions on behalf of the minor, if needed. "Appointee #1" is the accompanying parent or designated adult. "Appointee #2" is the mission project coordinator. **All blanks in this section must be filled in.**
2. **Permission to Travel Agreement:** Indicates both parents' permission for the minor to travel to country/ies listed, during the dates listed. **All blanks in this section must be filled in.**

Both parents must sign the **"Notarized Parental Consent Form"** in the presence of a notary public and have it stamped. In some cases, both parents cannot sign the form. When one of the following situations applies to the minor, the additional documents listed to the right should accompany the **"Notarized Parental Consent Form."**

SITUATION

KEEP WITH "NOTARIZED PARENTAL CONSENT FORM"

One parent has sole custody.	Copy of divorce/separation papers
One parent is deceased	Copy of death certificate
One legal parent whose whereabouts is unknown	Copy of affidavit stating such or notarized copy of child's birth certificate listing only one legal parent
Minor has a legal guardian	Copy of guardianship papers

PROVIDE ONE ORIGINAL FORM TO GROUP LEADER (SCANNED/FAXED COPIES ARE NOT ACCEPTABLE).

Group Leader's Name _____

Address _____

PhoneNumber _____

***If one parent is deceased and the minor is traveling with the other parent, and there are no additional legal guardians, you do not need to fill out or notarize this form. But you DO need to travel with a copy of the death certificate of the deceased parent. In all other cases of a minor traveling without both parents, the form is necessary.**

NOTARIZED PARENTAL CONSENT FORM

INCLUDING: "MEDICAL APPOINTEE PLAN" AND "PERMISSION TO TRAVEL AGREEMENT"

MEDICAL APPOINTEE PLAN

Complete this section if minor is traveling with just one parent, or with no parents

We, _____ and _____
Father/Legal Guardian *Mother/Legal Guardian*
as parents and/or legal guardians of _____

Print full name of mission project participant who is less than 18 years of age
appoint and designate the following two people to be our lawful Appointees ("Appointee"), having full power to act for us, and in our name, with respect to any proposed health care services, including medication, for our child (listed above as "mission project participant").

This Medical Appointee Plan is intended to give full power to our Appointee to authorize such healthcare services as the Appointee deems desirable. These may include, but not be limited to, signing all documents, contracts and agreements related to these health care services, including obligations for us to pay all expenses incurred for any such healthcare services. Each Appointee may exercise this power either: (1) alone and without the approval/consent of the other Appointee named below; or, (2) jointly with the other Appointee named below.

Appointee #1: _____
(Full Name) *(Title/Role During Project)*

Appointee #2: _____
(Full Name) *(Title/Role During Project)*

Mission Project Location: _____
(City) *(State/Province)* *(Country)*

We give our Appointee full authority to do all acts necessary to perform the powers granted, as if we were personally present to perform these acts, and we agree with such acts.

It is understood and agreed that our Appointee shall not be held responsible or liable for any loss or losses whatsoever that may result from any acts done in good faith by our Appointee by virtue of this Medical Appointee Plan.

Any person may deal with our Appointee in full reliance of this Medical Appointee Plan. This form shall be valid for the duration of the Corona Seventh-day Adventist Church mission project listed above.

We understand that the Corona Seventh-day Adventist Church is not responsible for transportation costs for medical or any other reason.

In witness whereof, I/we have caused this Medical Appointee Plan to be signed in my/our name(s).

Name of Father/Legal Guardian *(please print)*: _____

Signature of Father/Legal Guardian: _____ Date: _____

Name of Mother/Legal Guardian *(please print)*: _____

Signature of Mother/Legal Guardian: _____ Date: _____

NOTARIZED PARENTAL CONSENT FORM CONTINUED

PERMISSION TO TRAVEL AGREEMENT

Complete this section if minor is traveling with just one parent, or with no parents

I / we agree that my / our child _____
Print full name of mission project participant who is less than 18 years of age

has permission to travel to _____
country(ies)

with (circle applicable phrase, cross out other phrase) the other parent / designated adult listed on this form
during the dates of _____ through _____
date of departure from home date of arrival back home

Name of Father/Legal Guardian (please print): _____

Signature of Father/Legal Guardian: _____ Date _____
Month/Day/Year

Name of Mother/Legal Guardian (please print): _____

Signature of Mother/Legal Guardian: _____ Date _____
Month/Day/Year

NOTARY PUBLIC

State of _____

County of _____

On (Date) _____

Before me, _____
Name, title of officer—e.g., "Jane Doe, Notary Public"

personally appeared _____
Name(s) of Signer(s)

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instruments and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary _____

