

PARTICIPATION OF A MINOR DOCUMENT

This document must be printed, signed, notarized and provided to International Dental Ministries six weeks prior to travel.

PERMISSION TO TRAVEL FOR A MINOR

Travel dates: _____

Destination: _____

We (I), _____, are the parent(s) or legal guardian(s) of this participant, _____, and hereby grant our (my) permission for him/her to participate fully in said trip or activity with International Dental Ministries and/or _____ during the said dates to the said location.

Signature or Parent or Guardian: _____

Date: _____

MEDICAL RELEASE FOR A MINOR

We (I), _____, are the parent(s) or legal guardian(s) of this participant, _____, and hereby grant our (my) permission for him/her to participate fully in said trip or activity with International Dental Ministries. We (I) hereby give our (my) permission to International Dental Ministries to seek emergency medical treatment for said participant and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical services, and assume the responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, we (I) hereby assume all transportation costs.

Signature of Parent/Guardian: _____

Date: _____