

# EXPLANATION ABOUT THE NOTARIZED PARENTAL CONSENT FORM



## WHO NEEDS IT?

Any minor (someone who has not reached their 18th birthday) 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.) A **second original notarized form** should be given to the group leader 30 days prior to departure.

## WHAT IS IT?

The “**Notarized Parental Consent Form**” is a one-sheet form, printed on both the front and back sides. It indicates the parents’ permission for several items pertaining to their child participating on the mission trip. This document has two sections, 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

## MAIL ONE ORIGINAL FORM (FAXED COPIES WILL NOT BE ACCEPTED).

Group Leader’s Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**\*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 Maranatha Volunteers International mission project listed above.

We understand that Maranatha Volunteers International is not responsible for transportation costs for medical or any other reason.

We understand that included in the cost of this mission project there is secondary insurance coverage. This coverage has a \$250 deductible, and provides the following benefits:

Loss of life, limbs, sight or plegias	\$75,000
Medical/dental expense	\$75,000
Medical evacuation	\$250,000
Repatriation	\$25,000

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

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## 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 \_\_\_\_\_

**Provide ORIGINAL to group leader one month prior to project.  
Retain ORIGINAL for minor's use with other travel documents.**