

Children of the Dump

Notarized Consent to Medical Treatment

Each unaccompanied minor needs to have a Notarized Consent to Medical Treatment form with the signature of his/her custodial parent or legal guardian.

Date: _____

I/We _____, hereby grant
Parent's/guardian's name(s)
permission for _____ to authorize emergency
Name of sponsoring group

medical treatment or surgery for _____ while
Name of minor

participating in a mission trip to Puerto Vallarta, Mexico on _____.
Dates of travel

It is understood that, except in the case of life-threatening emergencies, mission trip personnel will attempt to contact me/us before authorizing such treatment.

Parent/guardian signature

Parent/guardian signature

State of _____

County of _____

Before me, a Notary Public for the State of _____, appeared _____, being personally known to me, who, after being first duly sworn or notified of an affirmation, affirmed under penalty of law that he or she had read and understood the foregoing *Notarized Consent to Medical Treatment*, and that he or she agreed to those terms as set out herein.

IN WITNESS WHEREOF, I have executed this Notarial Attestation on _____, 20__.

_____[SEAL]
Notary Public

My commission expires: _____