



FORGOTTEN CHILDREN MINISTRIES

CONSENT FOR A MINOR TO TRAVEL

DATE

I/we _____

authorize my/our minor child(ren), _____

to travel to Tegucigalpa, Honduras on _____ aboard airline and flight

number _____ with _____. Their

expected date of return is _____. In addition, I/we authorize Forgotten

Children Ministries to consent to any necessary routine or emergency medical treatment during

the aforementioned trip.

Parent / Guardian Signature

Parent / Guardian Signature

Street Address City State Zip

Telephone

NOTARY SECTION

Sworn to and signed before me, a Notary Public,

this _____ day of _____, 20_____.

Notary Signature

