

**Authorization to Travel and
Consent to Medical and Dental Care
Ysleta Lutheran Mission**

This form must be completed by parents or guardians of participants under 18 years of age and sealed by a notary public or your child will not be permitted to attend the servant event.

Authorization to travel in Mexico

To Whom It May Concern:

I give _____ (youth's full name)
my permission to travel into Mexico with a group from _____
_____ and led by
_____.

I fully understand that my child will be crossing the Mexico/U.S.A. border and travel into Mexico by church van.

Signatures of Parents/Guardians:

_____ Date _____

_____ Date _____

State of _____ County of _____

Authorization to Consent to Medical and Dental Care

(I) (We), the undersigned parent(s) and/or natural guardian(s) of _____
_____(child's full name), a minor, do hereby authorize
my (our) child's servant event youth leader (and/or any other adult appointed or
designated) to (i) consent to medical, surgical, and dental care for such minor child, (ii)
consent to any diagnostic test, medical, surgical, or dental procedure or treatment as may
be considered therapeutically necessary by the physician, surgeon, dentist, or other health
care personnel providing care for such minor child, and (iii) on (my) (our) behalf, to (a)
employ physicians, surgeons, dentists, nurses, and other health care personnel as may be
deemed necessary for such minor child, (b) admit such minor child to any hospital, clinic,
emergency room, laboratory, or other health care or diagnostic facility for examination,
treatment, surgery, or care, and (c) sign all necessary consents and authorizations. It is

understood that this authorization is given in advance of the occurrence of any condition or situation that would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be required. I further agree to pay all charges for the dental, medical, or hospital care or treatment. As parent or legal guardian of my child, I am responsible for the health care decisions of my child and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care and treatment to be rendered to my child is legally sufficient and that no consent from any other person is required by law. I fully understand the consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE knowingly, freely, and willingly. This authorization shall continue for such time as my child is participating in the servant event and during travel to and from the servant event.

Signatures of Parents/Guardians:

_____ Date _____
_____ Date _____

On this day of 20____, before me, a Notary Public, personally appeared and known to me to be the person(s) who executed the above Consents and stated that it was executed as his/her (their) free act and deed.

Notary Public

(Notary Seal)

Notarized by _____ Date _____