



St. Andrew's Lutheran Church
900 Stillwater Road
Mahtomedi, MN 55115-2267

Authorization for Minor to Leave the Country

To the required authorities:

I/We the undersigned parents or legal guardians of the minor listed below:

Minor's name _____
Date of birth (mm/dd/yy)

have given permission to _____, Mission Jamaica team leader, and other adults accompanying the team leader to take our young person out of the United States into Jamaica during the dates of _____, The above named minor is a member of the tour group from _____.(Hosting congregation) Furthermore, while in Jamaica, we authorize the team leader and other adults on the tour to seek the necessary medical care should our young person experience any illness or accident.

Father _____
Date

Mother _____
Date

Legal guardian _____
Date

Legal guardian _____
Date
(Must be signed and notarized by **both** parents/guardians, use separate forms if necessary.)

Notary Public _____
Date

This form must be notarized.
Complete and return both forms to your trip leader.



Authorization for Emergency Medical Care to Minor

I/We the undersigned parent(s) or legal guardian(s) of the minor,

Minor's Name

Minor's Birth date

do hereby authorize any necessary examination, anesthetic, dental, medical or surgical diagnosis or treatment by any duly licensed medical personnel and hospital or other medical service that may be rendered to said minor under the specific, or special consent of _____, Mission Jamaica Leader, the temporary custodian of the said minor; whether such diagnosis or treatment is rendered at the office of the licensed medical personnel, or at a licensed hospital. I/We authorize the licensed medical personnel to call in any necessary consultants at his/her best judgment as to the requirements of such diagnosis or medical, dental or surgical treatment. It is further understood that those persons who have temporary custody of said minor will attempt to talk with the parent(s)/legal guardian via the telephone numbers listed below before the treatment is rendered. If parent(s)/legal guardian cannot be reached, I/we authorize above listed Mission Jamaica Leader to secure necessary treatment.

Consent for dates

One parental/legal guardian signature is required:

Father: _____

Mother: _____

Legal Guardian _____

Address: _____

Daytime phone: _____

Evening phone: _____

Person(s) to reach if parent/guardian cannot be contacted:

Name/Relationship to minor
OR

Day Phone

Evening Phone

Name/Relationship to minor

Day Phone

Evening Phone

To your knowledge, is your child allergic to any medications? Yes _____ No _____

If yes, which medications?

Will your child be taking any medications (prescription or otherwise) while in the care of the above named temporary custodian? Yes _____ No _____

If yes, which medications?

Does your child have diabetes, hypoglycemia, or any other medical disorder of which the adult leader should be aware? Yes _____ No _____

If yes, describe conditions:

Medical Insurance Company

Policy Number

Contact Phone Numbers