I, the undersigned parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, grant permission to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to take \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to Peru to participate in a mission trip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(fill in dates of trip). My signature also gives consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_or any adult member of the Mission team to secure whatever medical attention may be necessary in Peru. This medical attention may include any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment or hospital care or anything else that may be deemed necessary to care for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I release all adult team members and Olive Branch Ministries from any liability connected with the illness or injury or cost of medical treatment for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I further assume all responsibility for the decisions so made and for the emergency care and/or treatment for\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

I also give permission to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Malena Rampy and/or Carlos

Martinez to speak with the US Embassy in Lima, Peru on behalf of my child.

Printed Name of Father

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Father

Before me on this day personally appeared\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known to me through\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to be the person whose name is

Subscribed to the above instrument and acknowledged to me that he/she executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this\_\_\_\_day of \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_.

Notary Public’s Signature