

We, the undersigned parents 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 _____.

We 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 _____.

We 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 Mother

_____ Date _____
Signature of Mother

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