



United Methodist Volunteers In Mission
Southeastern Jurisdiction Office of Coordination
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PARENTAL CONSENT FORM

(Must have signatures of both parents. If one parent is deceased, attach a death certificate)

We, _____, the parents/guardians of
parent or guardian
 _____, give our child, a minor of _____
name of child address

permission to accompany a United Methodist Volunteer In Mission team to _____ and
location

participate as a member of the group. We acknowledge that we are allowing our child to participate entirely upon our own initiative, risk and responsibility.

We further expressly authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and/or hospital care under the general or special supervision, and on the advice of, a licensed physician, surgeon, anesthesiologist, dentist or other qualified medical personnel acting under their supervision, for our child, should the same become necessary because of illness or injury.

Now therefore, in consideration of the permission extended to our child to accompany the mission team and participate in the mission trip, we do hereby for ourselves, our child, our heirs, executors and administrators, remise, release, and

forever discharge the team leader(s) _____

_____, the _____ Florida _____ Conference of United Methodist Church, United Methodist Volunteers In Mission, its officers, members, as well as all other participants and sponsors of said mission trip, acting officially or otherwise, from all claims, demands, actions or causes of action of any kind including the death of our child or any injury to our child or loss or damage to property which may occur from any cause during the trip as well as all ground and flight travel incident to such trip.

It is our intention by this document to consent to our child's participation in the mission trip, to consent to allow the team leader(s) _____

_____, to act in loco parentis for the duration of the mission trip; and to waive and forego all right of action of ourselves and our child against the parties herein before named.

Executed in the presence of:

Notary Public

(Seal)

State of _____

County of _____

Parent/Guardian

Address

Parent/Guardian

Address