“Now Is The Time”
Guatemala Mission 2014

PARENT PERMISSION FORM

To whom it may concern:

I/We ________________________________________________

parent(s) or guardian(s)

give permission for my/our child _________________________________ to participate in
“Now is the Time” Guatemala Mission 2014 traveling to Guatemala under the leadership of Shawn
Smith, and co-sponsor Santa Clara Foursquare Church.

I/We ________________________________________________

parent(s) or guardian(s)

give permission for Shawn Smith, Damaris Smith, and/or the applicable Crew Leaders to make all
health and medical decisions for my/our child during the duration of the Guatemala Mission 2014,
beginning June 15 through July 20, 2014.

I/We understand that full effort will be made to contact and discuss any major treatment with me/us. I/We understand that communication can be erratic, difficult, and sometimes impossible internationally.

I/We ________________________________________________

parent(s) or guardian(s)

give permission for my/our child _________________________________ to be transported
across country borders if necessary for medical treatment and/or evacuation.

Although very rare, I/We ____________________________________________
understand that my/our child ______________________________________ may be in
proximity to and/or participating in activities with children who may be HIV+.

Father/Guardian:__________________________________________

(please print full name) (signature) (date)

Mother:_____________________________________________________

(please print full name) (signature) (date)