

United Methodist Volunteers in Mission Southeastern Jurisdiction 100 Centerview Drive, Suite 210 Birmingham, AL 35216

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Parental Consent Form

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

Give original copy to Team Leader. UMVIM does NOT need a copy of this form

We,	, the parents/guardians of _	,
Parent or Guardian		name of youth
give our child, a minor of	address	permission to
accompany a United Methodist Volunteers in Missic	on team to <u>Philadelphia, MS</u>	and participate as a member of
the group. We acknowledge that we are allowing ou	location ur child to participate entirely upon our own ii	nitiative, risk and responsibility.
We further expressly authorize and consent to any a hospital care under the general or specific supervision dentist, or other qualified medical personnel acting because of illness or injury.	on, and on the advice of, a licensed physician,	surgeon, anesthesiologist,
Now therefore, in consideration of the permission e	extended to our child to accompany the missic	on team and participate in the
mission trip, we do hereby for ourselves, our child, o	our heirs, executors and administrators, remis	se, release, and forever discharge
the team leader(s) Nick & Stac	cev Hauck, the	Holston
of any kind including the death of our child or any in cause during the trip as well as all ground and flight. It is our intention by this document to consent to ouleader(s) trip; and to waive and forego all right of action of outer. Executed in the presence of:	travel incident to such trip. ur child's participation in the mission trip, to co	onsent to allow the team for the duration of the mission
Notary Public	Parent/Guardian Address	
(seal) State of		
	Parent/Guardian	
Country of		
	Address	