

# Consent to Travel to Mexico

## Mission Mexico — March 20 – March 28, 2020 (due Jan. 12) *Space is limited.*

This document must be notarized to verify the authenticity of the signatures. If a minor child is traveling outside the United States with someone other than either legal parent, **BOTH** legal parents must sign and notarize this form. If you **are/will be 18 years of age** or older at the time of this trip please skip to the box below.

\_\_\_\_\_  
Individual's Name (herein "Team Member")

Salem Alliance Church  
Church (herein "Organization")

\_\_\_\_\_  
Name (herein "Parent or Guardian")

Brandon Miller  
Youth Leader or Staff Member (herein "Agent")

\_\_\_\_\_  
Name (herein "Parent or Guardian")

### USA, Canadian or Mexican Nationalities must:

- **To enter Mexico:** Bring a passport or passport card.
- **To return to the USA:** Bring a passport or passport card. If you have a "Green Card", YOU MUST BRING THE ORIGINAL. There is a \$170 fine for not having your original Green Card.

### All Other Nationalities Must:

- **To enter Mexico:** Call the nearest Mexican Consulate for permission to travel into Mexico. There are some nationalities that are excluded from entry based upon diplomatic relations. Check the Internet or the Los Angeles Consulate General of Mexico: 213.351.6800. They answer the phone in Spanish. If you need to, you may ask to speak to someone who speaks English.
- **To return to the USA:** You must have a visa and Passport that allows re-entry into the USA. If you have a "Green Card," YOU MUST BRING THE ORIGINAL. (There is a \$170 fine for not having your original Green Card.)
- **Consent to Travel Outside the United State to Mexico:** The above-named Parents or Guardian of the Team Member has entrusted the Team Member into the care of the Agent, an adult, and duly authorized representative of the Organization while the Team Member participates in "Mission Mexico," an activity of the organization.

The Parent or Guardian does hereby authorize the Team Member to travel outside of the United States to the nation of Mexico.

\_\_\_\_\_  
Signature of "Mother or Guardian"

\_\_\_\_\_  
Signature of "Father or Guardian"

### ALL PURPOSE ACKNOWLEDGMENT

State/country of \_\_\_\_\_

County of \_\_\_\_\_

On, \_\_\_\_\_ before me \_\_\_\_\_  
Date Name & Title of Officer

Personally appeared \_\_\_\_\_  
Name of Signer

- personally known to me
- proved to me on the basis of satisfactory evidence to be the person is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person acted, executed the instrument.

WITNESS my hand and official seal

\_\_\_\_\_  
Signature of Notary Public

### ALL PURPOSE ACKNOWLEDGMENT

State/country of \_\_\_\_\_

County of \_\_\_\_\_

On, \_\_\_\_\_ before me \_\_\_\_\_  
Date Name & Title of Officer

Personally appeared \_\_\_\_\_  
Name of Signer

- personally known to me
- proved to me on the basis of satisfactory evidence to be the person is subscribed to the within instrument and acknowledge to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the instrument the person acted, executed the instrument

WITNESS my hand and official seal

\_\_\_\_\_  
Signature of Notary Public

*Place Notary Seal Above*

*Place Notary Seal Above*

### 18 years of age or older at time of trip

If you are/will be 18 years of age on the dates of this trip, please sign below and indicate your birth date. You may disregard the rest of this form.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Birth date (day/month/year)

# Consent to Treatment

Mission Mexico – March 20 – March 28, 2020 (due Jan. 12) *Space is limited.*

*If you are/will be 18 years of age on the dates of this trip, please fill out the top and bottom left side of this form.*

Interested Parties

\_\_\_\_\_  
Individual's Name (herein "Team Member")

Salem Alliance Church

Church (herein "Organization")

\_\_\_\_\_  
Name (herein "Parent or Guardian")

Brandon Miller

Youth Leader or Staff Member (herein "Agent")

\_\_\_\_\_  
Name (herein "Parent or Guardian")

I, \_\_\_\_\_ as (circle one) the parent/the guardian/ the team member, do hereby authorize the Agent, acting as the Team Member's agent, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis, or treatment and hospital care or service, which is deemed advisable and is rendered under the general or specific supervision of any licensed physician and surgeon, or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being rendered, but is given to provide authority and power on the part of the Agent to give specific consent to any all such diagnosis, treatment or hospital care which the above mentioned physician, in the exercise of his/her best judgment, may deem advisable. I hereby authorize any hospital, which has provided treatment to the Team Member to surrender physical custody of the Team Member to the Agent upon completion of treatment.

These authorizations shall remain effective through the above periods unless sooner revoked in writing and delivered to the Agent.

\_\_\_\_\_  
Signature of "Team Member"

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of "Parent or Guardian"

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy#

\_\_\_\_\_  
Address

\_\_\_\_\_  
Claim Office Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Doctor's Phone Number

\_\_\_\_\_  
Signature of "Parent or Guardian"

\_\_\_\_\_  
Date of Last Tetanus

\_\_\_\_\_  
Address (if same as above, write "same")

Please list allergies, medications, illnesses or disabilities of team member:

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

In case of a medical emergency, or parents cannot be reached, notify:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Home/Cell Phone