

# Honduras Baptist Medical Dental Mission

## Permission Form For Minors

**Must be completed and signed by both parents/guardians even if one parent or guardian is accompanying the minor.**

We, \_\_\_\_\_, do hereby  
(please print)

grant our permission for \_\_\_\_\_, to participate  
(Please print)

with the Honduras Dental Mission in a project to \_\_\_\_\_.

(Parent/Guardian) \_\_\_\_\_

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(Parent/Guardian) \_\_\_\_\_

**(Both Parents/Guardians must sign.)**

Attested before me as a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

Signed \_\_\_\_\_

My commission expires \_\_\_\_\_.

(seal)

**Notarized form must be completed for each person under 18 years of age.  
Keep the original with the team when traveling.**