

New Life for Haiti

Notarized Consent to Medical Treatment

Fill out this form for yourself OR your minor child (If for your minor child, you must sign it as the parent/guardian).

Date: _____

I/We _____, hereby grant

your name OR parent's/guardian's name

permission for New Life for Haiti to authorize emergency treatment for myself or for my
minor child: _____ while

name of minor

participating in a mission trip to the Grand Anse River Valley of Haiti on _____.

dates of travel

In the case of my minor child, it is understood that, except in the case of life-threatening emergencies, mission trip personnel will attempt to contact me/us before authorizing such treatment.

Signature (if form is for yourself)

parent/guardian signature

State of _____)

) ss.

County of _____)

Before me, a Notary Public for the State of _____, appeared _____, being personally known to me, who, after being first duly sworn or notified of an affirmation, affirmed under penalty of law that he or she had read and understood the foregoing Notarized Consent to Medical Treatment, and that he or she agreed to those terms as set out herein.

IN WITNESS WHEREOF, I have executed this Notarial Attestation on _____

_____, 20____.

[SEAL]

Notary Public

My commission expires: _____