Middle Tennessee Mission Outreach

January 2020 Trip Minor Travel Permission Form

l,	(Prir	nt Full Name), give permission for my	
child to travel outside the U	Jnited States to th	he country of Honduras during the mo	nth
of January 2020. The perso	on listed on this f	orm has permission to accompany my	/
child while traveling outsid	e the United State	es. I also certify that I, my child and th	1e
person accompanying my o	child are US citize	ens. I fully expect my child to return to	the
United States at the end of		, , ,	
Address of person giving p	ermission to trav	/el:	
City:	State:	Zip Code:	
Phone Number of person g	ivina nermission	to travel: ()	
i none number of person g	iving permission	to haven <u>y</u>	
Relationship of minor to pe	rson that is givin	ng permission to travel:	
Full name of minor that is t	rovolingu		
ruii name of minor that is t	raveling:		_
Address of minor that is tra	aveling:		_
City:	State:	Zip Code:	
-			
Birth date of minor that is t	raveling:		
Name of person accompan	ying minor:		
Address of person accomp	anying minor:		_
City:	State:	Zip Code:	
Relationship of person accom	panying minor to p	person giving permission to travel:	
Cianoturo of norson aivina	narmicaian far w	ninor to travel:	
Signature or person giving	permission for m	illior to travel:	_
Date:	Printed Name	:	
Notary Public Signature:		Printed Notary Name:	
, , ,			
Dated:	My Commission	n Expires:	