

COSTA RICA 2009

Notarized Consent to Medical Treatment

Date: _____

I/We _____, hereby grant
parent's/guardian's name(s)

permission for Mission Trip Staff from Forest Lake Academy to authorize emergency

medical treatment or surgery for _____ while
name of student

participating in a mission trip to Costa Rica on or around February 26 - March 9, 2009. 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.

parent/guardian signature

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_____.

Notary Public [SEAL]

My commission expires: _____