Consent to Travel to Nicaragua

Corner of Love Ministries

www.corneroflove.org

Please indicate the dates of the trip you will be attending:

Medical-Dental Brigade_____ Mission_____

This is required for all **MINORS** travelling to Nicaragua. This form ensures that both parents/guardians acknowledge international travel will occur. Both parents must sign this document and have their signatures notarized. In a case where there is a divorce or separation, both must sign this document unless one parent has sole custody. If the minor is under the sole custody of one parent (or guardian), a copy of the necessary documents proving sole custody must be attached to this form.

NOTARIZATION TO VERIFY AUTHENTICITY OF THE SIGNATURES IS REQUIRED.

Individual's Name (herein "Team Member") _____

Name (herein "Parent or Guardian") _____

Name (herein "Parent or Guardian") _____

Organization (herein "Organization") _____

Leader or Staff Member (herein "Agent") _____

CITIZENS OF U.S.A., CANADA OR NICARAGUA MUST:

To enter Nicaragua:
Bring a valid passport, with at least 6 months of validity.
Pay a $5USD entrance visa upon arrival at the Managua, Nicaragua airport.
To leave Nicaragua:
Be prepared to pay a $37USD departure tax, in cash at the time of check-in for your return flight.
To return to the USA:
Bring a valid passport.

CONSENT TO TRAVEL OUTSIDE THE UNITED STATES TO NICARAGUA

The above named Parents or Guardian of the Team Member has entrusted the Team Member into the care of the Agent, an adult, and a duly authorized representative of the Organization, while the Team Member participates in a Medical-Dental Brigade or People to People Mission (circle one), an activity of the Organization.

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

_____ Signature of "Mother or Guardian"

_____ Signature of "Father or Guardian"

ALL-PURPOSE ACKNOWLEDGEMENT

State of _____
County of _____
On _____, before me, _____ personally appeared _____

☐ Personally known to me
☐ Proved to me on the basis of satisfactory evidence

_____

To be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledges to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) acted , executed the instrument.

WITNESS my hand and official seal.

Place Notary Seal Above

---------- Signature of Notary Public

---------- Date

Consent to Treatment

Corner of Love Ministries

www.corneroflove.org

Please indicate the dates of the trip you will be attending:

Medical-Dental Brigade_____ Mission_____

Individual's Name (herein "Team Member") **Name (herein "Parent or Guardian")**

_____ _____

Name (herein "Parent or Guardian") **Organization (herein "Organization")** **Leader or Staff Member (herein "Agent")**

_____ _____ _____

*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, A.R.N.P., or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician, another location, 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 or 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 the 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 Number Address

_____ _____

Claim Office Address City, State, Zip

_____ _____ _____

City, State, Zip Home Phone Work Phone

_____ _____ _____

Doctor's Name Signature of "Parent or Guardian" Date

_____ _____

Date of last Tetanus Address

_____ _____

Please list any allergies, medications, illnesses or disabilities of the team member. City, State, Zip

_____ _____ _____

Home Phone Work Phone

_____ _____ _____

In case of emergency, if parents cannot be reached, notify (name/relation) Home Phone Work Phone

Release of Liability

Corner of Love Ministries

www.corneroflove.org

Please indicate the dates of the trip you will be attending:

Medical-Dental Brigade_____ Mission_____

Know all persons by these present:

WHEREAS, I _____ plan to participate in a short-term international mission and related activities with Corner of Love Ministries, and

WHEREAS, I recognize that the participation in such activities may be hazardous and dangerous.

NOW THEREFORE, in consideration of the privilege to participate extended to me by Corner of Love Ministries, through its officers, agents, servants and employees, I do hereby, for myself, my heirs, executor and/or administrator, remise, release and forever discharge Corner of Love and all its officers, agents, servants, volunteers, and employees, acting officially or otherwise, from any and all actions, causes of action, claims and demands for, upon, or by reason of any injury, damage, loss or death which may occur from any cause including, but not limited to any accident while participating individually or with others in said events.

INSURANCE INFORMATION:

_____ I have medical and accident insurance with _____ _____.
Name of Company Policy No.

_____ I have no medical or accident insurance, and I agree to pay any and all medical and/or dental expenses directly or indirectly related to my participation in the ministry and its related activities, including during the transportation to and from the event(s).

(CAUTION: READ BEFORE SIGNING)

I have read and agree to this release:

_____ _____ _____ _____
Signature of "Team Member" Date Signature of "Parent or Guardian" Date

_____ _____ _____
Address Home Phone Work Phone

_____ _____ _____
City, State, Zip Parent's Email #1 Parent's Email #2

_____ _____ _____
Witness (please print) Cell Phone #1 Cell Phone #2

_____
Witness Signature