

# Permission for International Travel

For Applicants Under the Age of 18

## Minor Information

|            |  |
|------------|--|
| Name       |  |
| Trip Dates |  |

## Contact Information of Parent(s) or Legal Guardian(s)

|                  |  |
|------------------|--|
| Name             |  |
| Street Address   |  |
| City ST ZIP Code |  |
| Home Phone       |  |
| Relationship     |  |

## Legal Consent

I /We hereby give permission for my/our son/daughter (name) \_\_\_\_\_

to travel to Haiti from (trip date with mm/dd/yy) \_\_\_\_\_ to \_\_\_\_\_

accompanied by the following adults (please list, if applicable):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Please complete and mail a copy to:

Many Hands for Haiti  
P.O. Box 204  
Pella, IA 50219

**You must also keep a copy to carry with you while traveling.**  
Applications will not be processed until this form has been received.