



CHRIST FOR THE CITY
INTERNATIONAL

To Whom It May Concern:

Our/My child _____ Passport# _____

Residence of _____

Country _____

Is traveling with full consent and knowledge of his parents/guardians with Christ For the City International.

_____ will be entering the country of _____

on(date) _____ via _____ airline, flight# _____

and is scheduled to leave on(date) _____.

While in _____ the undersigned give Christ For the City International and its representative(s) with the minor authority to request and authorize medical and/or hospital treatment for the benefit of the minor in the event of any sickness or injury sustained by the minor while in country.

If any questions arise concerning our minor child, please contact me at (telephone #)

Signature of Father/Guardian

Signature of Mother/Guardian

Acknowledgement

State of:

City of:

The foregoing Release was acknowledged before me this _____ day of _____

By _____

(Notarial Seal) _____

Notary Public in and for the State of _____

My commission expires: _____