



BELIZE MISSION AND RETREAT

Attn: Rae Reed
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Authorization to Leave the Country (for minors)

PARENTS: THIS FORM MUST BE NOTARIZED
Also attach medical release form and birth certificate.

To The Required Authorities:

I/We, the undersigned parent(s) or legal guardian(s) of the minor listed below:

_____ Birth Date _____
Minor's Name

Have given permission to _____ (team leader) and other adults accompanying the team leader to take my/our minor child out of the United States and into Belize during the dates of _____ to _____. The above minor is a member of the tour group from _____ (church) of _____ (City, State). Furthermore, while in Belize, we authorize the team leader and the other adults on the tour to seek the necessary medical care should our minor child experience any illness or accident.

Dated this _____ day of _____ (month and year) at _____ (City, State).

_____, Father
_____, Mother
_____, Legal Guardian
_____, Legal Guardian

Notarization Stamp here: