

**PROPAPA MISSIONS AMERICA
POLICY & PROCEDURE MANUAL
Medical Treatment for Minors**

(Please print all the information.)

We, the undersigned parents of _____,

give our son/daughter permission to travel to Honduras, participating in a PPMA

Brigade, in cooperation with an in-country NGO.

PPMA Team Leader _____

Dates of Brigade Trip: From _____ To _____

We give the above Team Leader and/or the Honduran NGO Coordinator permission to

triage and arrange for any emergency care necessary for our son or daughter.

_____ Date _____
Parent or Guardian Signature

_____ Date _____
Parent or Guardian Signature

PPMA Team Leader Signature

Please include any medical condition caregivers should be made aware of _____
