



PERMISSION SLIP FOR MINORS

THIS CONSTITUTES MY/OUR PERMISSION FOR MY/OUR CHILD/LEGAL WARD _____ (NAME) TO TRAVEL WITH HEALTH, EDUCATION AND LITERACY PROVIDERS, INC. TO NIGERIA.

DATES OF TRAVEL: _____

THIS PERMISSION SLIP APPLIES TO ANY AND ALL EVENTS, TRIPS AND PROJECTS AND GIVES MY/OUR CHILD PERMISSION TO TRAVEL WITH HEALTH, EDUCATION AND LITERACY PROVIDERS, INC. VIA PLANE, CAR, VAN OR BUS.

PARENT OR GUARDIAN

PARENT OR GUARDIAN

FOR NOTARY PUBLIC

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____

_____ NOTARY PUBLIC

MY COMMISSION EXPIRES _____

MAIL ALL PAYMENTS AND DOCUMENTS TO: HELP INC. | ATTN: MISSIONS | 700 HARWOOD RD | SUITE A | HURST, TX | 76054

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT: JESSICA MACK | 817.581.7875 | MISSIONS@HELPWESTAFRICA.ORG