



Jody Kennedy International/LOVEM International

109 Timber Ridge Circle • Burleson, TX 76028-3109

817.944.2288 • www.jodykennedy.com

Evangelism • World Missions • Spiritual Awakening • Discipleship • Church Planting

Parental/Guardian Consent for International Travel and Medical Care (Insurance information must be provided on the back of this form)

Name of Organization: Jody Kennedy International

Name of Minor Child: _____

Countries to be visited: _____

Authorized Adult Leader: _____

I, the undersigned parent or guardian of the above named minor child(ren), do hereby authorize the above named adult leader(s) to accompany the minor child(ren) across international U.S. borders into the country(ies) listed above during the period listed above. I further authorize the above named individuals to exercise authority and care over my minor child during the above named period.

I authorize the above named individuals or other adult leaders of the above named organizations to act on my behalf in consenting to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician or surgeon licensed under the provisions of the medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that the minor child may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital or other medical center for rendering such emergency services.

I am the duly authorized parent/guardian of the above named child and have the legal authority to grant the foregoing permissions.

Printed Name of Parent/Guardian: _____

Address, City, State, Zip Coded: _____

Daytime Telephone: _____

Evening Telephone: _____

Mobile Telephone: _____

Signature of Parent/Guardian: _____

Notary Seal and Signature



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Parental/Guardian Consent for International Travel and Medical Care Insurance and Emergency Contact Information

Name of Minor Child: _____

Insurance Company or Group: _____

Policy or Group Number: _____

Insurance Telephone Number: _____

Emergency Contacts in addition to parent/guardian listed on the front of this form

Emergency Contact #1

Name: _____ Relationship to Minor: _____

Telephone: _____ Mobile Phone: _____

Address, City, State, Zip Code: _____

Emergency Contact #2

Name: _____ Relationship to Minor: _____

Telephone: _____ Mobile Phone: _____

Address, City, State, Zip Code: _____

Emergency Contact #3

Name: _____ Relationship to Minor: _____

Telephone: _____ Mobile Phone: _____

Address, City, State, Zip Code: _____