



# FOOD FOR THE POOR, INC.

6401 Lyons Road, Coconut Creek, FL 33073 • (954) 427-2222 • Fax: (954) 570-7654 • [www.foodforthe poor.org](http://www.foodforthe poor.org)

## MISSION AUTHORIZATION AND PARENTAL CONSENT

The undersigned parent or parents of the minor child \_\_\_\_\_,  
do hereby represent to Food For The Poor, Inc. that we have full legal custody of the above-named minor child, and that they hereby authorize the above-named minor child to travel on a mission, said mission to be conducted under the auspices of Food For The Poor, Inc., a Florida not-for-profit corporation.

The undersigned parent or parents having legal custody and control of the above-named minor child, do hereby authorize \_\_\_\_\_ to act for and in their name, place and stead, to provide all necessities for the said minor child and to order all necessary medical and dental care and attention for the minor child including but not limited to hospitalization. The undersigned parent or parents agree to be financially responsible for any cost or expense incurred in the provision of any such necessary care for the above-named minor child. The undersigned parent or parents have also signed a Food For The Poor Mission Liability agreement for and on behalf of themselves and on behalf of the above-named minor child relating to the above-named child's participation in a Food For The Poor Mission.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

SWORN TO AND SUBSCRIBED before me by \_\_\_\_\_,  
\_\_\_\_\_, personally known to me or who produced  
\_\_\_\_\_ as identification this \_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
My Commission Expires

**Fax to Missions Dept at: 954-596-4049**