

Parent/Legal Guardian Consent for Travel of Minor and Power of Attorney for Amigos de las Américas



Required of Volunteers under age 18 at time of signing. Form must be completed, signed, and notarized.

*****Keep originals for use on day of travel. Scan a copy of both pages in one document and upload to your application dashboard.*****

Parent/Guardian Permission to Travel

Many airlines/countries require parental permission for minors to travel unaccompanied. Since age requirements vary among airlines, this form must be completed for any volunteer who is under 18 years of age at the time of departure, and the original signed form must accompany the volunteer while traveling. This form is as important as the volunteer's passport or I.D. and airline tickets on the day of travel. For all volunteers under 18 years of age at the time of departure, this form must be notarized and signed by both custodial parents/legal guardians. If both custodial parents are unable to sign the same form, each parent can submit a separate signed and notarized form.

NOTE: Depending on the country or airline, supporting documentation may be required to establish legal or parental relationship with the child. AMIGOS recommends all volunteers under 18 years of age at the time of departure to bring any of the following applicable supporting documents: certified copies of the parents' identity documents, an original or certified copy of: the child's birth certificate; the parents' marriage certificate; death certificate of a parent or legal guardian, the child's adoption certificate or certificate of guardianship; or a custody agreement.

Medical Power of Attorney

Volunteers under the age of 18 for the duration of the AMIGOS Service Program: In the event that there is a medical emergency that requires immediate treatment and 1) there is insufficient time to get written or verbal authorization from a parent or guardian or 2) AMIGOS staff cannot reach a parent or guardian for authorization, this form will be used to allow AMIGOS staff, working in conjunction with our consulting physicians and other physical, mental, or behavioral health professionals, to authorize medical treatment. AMIGOS staff will make all reasonable efforts to notify parents or legal guardians about the medical emergency as soon as possible.

Volunteers who reach the age of majority before or during the Service Program: In the event that there is a medical emergency that requires immediate treatment, and I am unable to give consent for treatment, this form will allow AMIGOS staff, working in conjunction with our consulting physicians and other physical, mental, or behavioral health professionals to authorize medical treatment.

Power of Attorney for Liability Waivers

Additionally, over the course of the AMIGOS Service Program, volunteers may participate in activities led by third party providers requiring signature on an additional waiver of liability. This form grants power of attorney to AMIGOS staff members to execute waivers of liability relative to certain activities including but limited to rafting, skiing, snowboarding, snowshoeing, cycling, rock climbing, fishing, hiking, camping, use of rental equipment, and the like.



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Legal Relationship

I/We, _____, _____ declare that we are the
FULL NAME OF PARENT OR LEGAL GUARDIAN FULL NAME OF PARENT OR LEGAL GUARDIAN
lawful guardians of _____, a minor (the "Volunteer"), born on _____
VOLUNTEER'S FULL NAME VOLUNTEER'S DATE OF BIRTH (MM/DD/YYYY)
and domiciled at _____.
VOLUNTEER'S ADDRESS, CITY, STATE, COUNTRY

Authorization for International Travel

My/our child/ward, _____ has my/our consent to travel without me/us domestically and
VOLUNTEER'S FULL NAME
internationally for the purpose of participating in the Amigos de las Américas (AMIGOS) program. I/We understand
my/our child may be traveling unsupervised by an adult. My/our child will be visiting _____
FINAL DESTINATION
during the period from _____ to _____, Unless the AMIGOS Service Program location
(1 DAY PRIOR TO TRAVEL START DATE) (2 WEEKS PAST TRAVEL END DATE)
is changed out of necessity to another destination in Latin America or the United States.

Medical Power of Attorney

I/We, _____, _____ being of sound mind, hereby
FULL NAME OF PARENT OR LEGAL GUARDIAN FULL NAME OF PARENT OR LEGAL GUARDIAN
appoint Amigos de las Américas (AMIGOS) to serve as my/our child's, _____
VOLUNTEER'S FULL NAME
healthcare agent(s) during the time period _____ through _____
(1 DAY PRIOR TO TRAVEL START DATE) (2 WEEKS PAST TRAVEL END DATE)

to make all necessary decisions about my/our child's medical treatment in the case of a medical emergency when I/we cannot be reached, there is insufficient time to reach me/us, or my/our child is not able to give consent for medical treatment. During the named time period, AMIGOS staff shall have all of the rights of a parent in choosing and authorizing medical treatment for my/our minor child.

I, _____, as the Volunteer, consent to appointing AMIGOS as my healthcare agent for the
VOLUNTEER'S FULL NAME
time period and reasons stated above, and acknowledge and understand that during a medical emergency when I am unable to give consent, AMIGOS staff shall have the right to choose and authorize medical treatment for me. I fully agree to the Consent and Release Agreement previously signed, and I understand that AMIGOS may contact my parents/legal guardians in the case of a medical emergency.

Power of Attorney for Liability Waivers

AMIGOS may also execute any and all waivers of liability relative to my/our child's (the Volunteer's) participation in the AMIGOS Service Program. During the named time period above, AMIGOS staff shall have all of the rights of a parent in executing any and all waivers of liability in relation to the Service Program. I/we agree to this Power of Attorney for the duration of my/our child's participation with AMIGOS. We further release, Indemnify and hold AMIGOS harmless for all claims, demands, causes of action arising out of or in connection with my/our child's (the Volunteer's) participation in the Service Program volunteer activities.



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Contact Information

Any questions regarding this document may be addressed to me/us at:

AMIGOS Emergency Contact Information:

(713) 782-5290 Ext. 150
TELEPHONE NUMBER

oncall@amigosinternational.org
EMAIL

Parent/Legal Guardian Emergency Contact Information:

Parent/Legal Guardian 1:

NAME _____

HOME PHONE NUMBER _____

STREET ADDRESS _____

CELL PHONE NUMBER _____

CITY, STATE, AND ZIP CODE _____

EMAIL _____

Parent/Legal Guardian 2:

NAME _____

HOME PHONE NUMBER _____

STREET ADDRESS _____

CELL PHONE NUMBER _____

CITY, STATE, AND ZIP CODE _____

EMAIL _____

Signature and Acknowledgement

By signing below, we certify under penalty of perjury under the laws of the United States of America in accordance with 28 U.S.C. §1746 that the foregoing is true and correct. Executed on the date set forth below.

Further, we certify that we have executed this Travel Consent and Power of Attorney completely voluntarily, without duress or undue influence, and with full knowledge of its significance.

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Volunteer Signature: _____ Date: _____

A notary public or other officer completing this certificate verifies only the identity of the individuals who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of _____ County of _____

On _____ before me, _____
(name and title of the officer)

personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that the/she/they executed that same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and correct.

WITNESS my hand and official seal. Signature _____
My Commission Expires: _____

(Seal)