



Virginia Baptist Mission Board
Glocal Missions and Evangelism Team

PARENTAL CONSENT FORM
(must be signed by both parents)

Be advised, I _____ and I, _____
(Legal Guardian) (Legal Guardian)

give permission for _____ to go as a volunteer to
_____, accompanied by _____ as a
chaperone. As legal guardian(s), we further give _____ permission to
(Chaperone)
sign any necessary paperwork for medical attention and/or treatment while in the above-named chaperone's care
should the need occur.

(Signature of Parent or Guardian)

(Signature of Parent or Guardian)

The foregoing statement was signed in my presence in the State of Virginia, in the county/city of _____

on the _____ day of _____, 200__.

(Notary Public)

My commission expires: _____, 200__.

(MUST HAVE SEAL)

Glocal Missions & Evangelism Team
2828 Emerywood Parkway
Richmond, VA 23294
800.ALL.BGAV (255.2428) or 804.915.5000