

Consent Form

We, _____ and _____, do hereby authorize our child, _____ to participate in the Mount Ellis Academy Mission Trip to Indiana, Peru in November, 2010. This also authorizes Mount Ellis Academy to seek medical care for our child, if necessary, during this time.

Signed,

Mother/Legal Guardian

Date

Father/Legal Guardian

Date

Notary Republic

Date

Please return this form to:

Mount Ellis Academy
3641 Bozeman Tr. Rd.
Bozeman, MT 59715