

Permission for International Travel

(For applicants under the age of 18)

Applicant's Name: _____ Trip Dates: _____

Name and contact information of parent(s) or legal guardian(s)

Name: _____ Relationship to student: _____
First Last

Address: _____
Street Address

_____ Phone: _____
City State Zip

Name: _____ Relationship to student: _____
First Last

Address: _____
Street Address

_____ Phone: _____
City State Zip

I/We hereby give permission for my/our son/daughter _____
Applicant full name

to travel to Haiti from _____ to _____
Dates of mission trip, including travel days; month/day/year TO month/day/year

Accompanied by the following adults (please list, if applicable):

Signature of Parent/Guardian _____ Date _____

Printed Name

Signature of Parent/Guardian _____ Date _____

Printed Name

Please complete and mail a copy to:

Ellen Graber Donohue
17 Windham Green Road,
Windham, CT 06280

You must also keep a copy with you while traveling.
Applications will not be processed until this form has been received.