

**LIMITED TEMPORARY CUSTODY
AND POWER OF ATTORNEY**

I, _____ and I, _____,
do hereby grant _____ limited temporary custody
of _____ on a short-term medical mission
trip to _____
beginning _____ and ending _____.

I, _____ and I, _____, also
grant _____ a limited power of attorney to obtain the
necessary medical care for the well-being of the aforementioned minor and
certify that we are his parents/legal guardians.

Sworn to and subscribed before me this _____ day of _____, 20____, by
_____ and _____

Signature of Notary Public

Notary stamp and seal:

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

Both signatures of parents or legal guardians are required unless the other parent or legal guardian is deceased or does not have legal custody of the mentioned minor(s). A statement must accompany if only one signature is specified.