

BGAV Partnership Missions  
**PARENTAL CONSENT FORM**



**MUST BE SIGNED BY BOTH PARENTS.**

Be advised, I \_\_\_\_\_ and I, \_\_\_\_\_ give  
(Legal Guardian) (Legal Guardian)

permission for \_\_\_\_\_ to go as a volunteer to \_\_\_\_\_,  
(Volunteer) (Trip Location)

accompanied by \_\_\_\_\_ as a chaperone.  
(Chaperone)

As legal guardian(s), we further give \_\_\_\_\_ permission to sign any necessary  
(Chaperone)

paperwork for medical attention and/or treatment while in the above-named chaperone's care should the need occur.

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

The foregoing statement was signed in my presence in the State of Virginia, in the county/city of \_\_\_\_\_  
\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**Notary Public Signature:** \_\_\_\_\_

My commission expires: \_\_\_\_\_, 20\_\_\_\_.

**(MUST HAVE SEAL)**

**PLEASE RETURN THIS FORM TO:**

Mission Development Staff, Baptist General Association of Virginia, 2828 Emerywood Parkway, Henrico, VA 23294