

## Consent Form

We, \_\_\_\_\_ and \_\_\_\_\_, do hereby authorize our child, \_\_\_\_\_ to participate in the Mount Ellis Academy Mission Trip to Indiana, Peru in November, 2008. 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