



Tijuana Ministry Immersion Trip

Brothers and Sisters in Community Service (BASICS)

5922 Dunn Ave, San Jose, CA 95123 | Phone 408-307-4871 | 408-640-0206 |
www.tijuanaministry.org | tjmissions@gmail.com

Permission to Travel Form

Date _____

Name of Parents _____

Address of Parents _____

To whom it may concern:

Our son/daughter, _____ born on _____, has our

permission to travel with _____

(Name of designated chaperone age 25 or older)

from July 4-11, 2020 or July 11-18, 2020 from San Jose, CA to Tijuana, Mexico as part of the BASICS Tijuana Ministry program which builds homes for the poor and leads community outreach programs.

_____ has our permission to make medical decisions

(Name of chaperone)

for _____ while traveling with him/her, as well as to

(Name of minor)

hold and administer medications listed below.

Sincerely,

(Print Name of mother)

(Print Name of father)

Signature of mother

Signature of father

Notarization Required

Medical Insurance Name	
Insurance Phone	
Insurance ID #	
Group ID #	
Medications requiring administration:	