

Parental Authorization for International Travel

I, _____, authorize my daughter/son,
_____, to travel to and from
_____ on _____ under the
supervision of the Gesundheit! Institute staff. I authorize Gesundheit! Institute staff to
provide medical care and/or arrange medical care in the event of an emergency. I authorize
Gesundheit! Institute staff to act as legal guardians when necessary.

Parent/legal guardian Signature: _____

Date: _____

Notary