

Parental Authorization for International Travel

I, _____, authorize my daughter/son _____ to travel to and from _____ (destination) _____ on _____ (dates) _____ 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 or legal guardian signature

_____ Date _____

Notary