



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: