

**AUTHORIZATION FOR MINOR TO TRAVEL
AND MEDICAL AUTHORIZATION**

By signing below, I/we, the parent(s)/guardian(s) of the listed minor(s), hereby agree and grant approval for the travel of my/our child(ren) as detailed below: *Child(ren)'s Name(s) & Date(s) of Birth:*

_____ Born on: _____
_____ Born on: _____
_____ Born on: _____
_____ Born on: _____

I/We agree and authorize the travel of my/our child(ren) based on the itinerary specified below.

Departure Date: _____ Traveling from: _____ To: _____
and Returning: _____ Traveling from: _____ To: _____

And will be traveling: *(Check One)* [] **Alone** [] **With:** _____
(Traveling Adult's Full Name(s))

I/We also agree and authorize the traveling adult to obtain any necessary medical treatment by a licensed physician/ hospital/ pharmacy/rescue squad/ ambulance company/ medical air evacuation company.

In the event the traveling adult is incapacitated and cannot give authorization for treatment, I/We authorize a licensed physician/ hospital/ pharmacy/rescue squad/ ambulance company/ medical air evacuation company to give my child(ren) any necessary medical treatment, I/We can be reached at the following telephone number(s):

_____ however, I/We do want treatment to commence prior to my/our being contacted given if my/our child(ren) is/are in pain or if the condition is life threatening.

PARENT(S)/ GUARDIAN(S) NAMES AND AUTHORIZING SIGNATURES:

Printed Name _____ Signature _____

Printed Name _____ Signature _____

A Notary Public or other Officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of **California**
County of _____

On _____ before me, _____, Notary Public, personally appeared

_____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature of Notary Public

(Seal)