

## 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**