



Authorization to Leave the Country

*(To be completed and **notarized** by all trip participants under 18 yrs of age)*

I/We the undersigned parent(s) or legal guardians of the minor listed below:

(Minor's name)

(Birthdate)

give permission to _____ (team leader), and other adults accompanying the team leader, to take the above-named minor out of the United States during the dates of _____ to _____.

Furthermore, I/We authorize the team leader and the other adults on the tour to seek the necessary medical care for the above-named minor should he/she need medical treatment for any accident or illness.

Dated this _____ day of _____ at _____.
(day) (month) (city/state)

Signature of Parent/Legal Guardian