

# *Azorcan Official Child Travel & Medical Permission Form*

My son/daughter, named below, will be traveling outside of Canada to Europe as a member of an Azorcan sports group from:

Day\_\_\_\_Month\_\_\_\_\_Year\_\_\_\_ to Day\_\_\_\_Month\_\_\_\_\_Year\_\_\_\_

He/she will be in the care of the group leader during the tour. As the parents of the player we grant him/her full permission to travel with the group throughout Europe. This is also permission for medical assistance to be administered should my son/daughter become ill or involved in an accident. The permission is only for the duration of the tour as listed above. And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath.

Child name \_\_\_\_\_

Passport No. \_\_\_\_\_

Father Name \_\_\_\_\_

Mother Name \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Pstl Cd \_\_\_\_\_

City \_\_\_\_\_ Pstl Cd \_\_\_\_\_

Business Phone \_\_\_\_\_

Business Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Day\_\_\_\_Month\_\_\_\_Year\_\_\_\_

Date of father's signature

Day\_\_\_\_Month\_\_\_\_Year\_\_\_\_

Date of mother's signature

As the group leader I have received this travel approval sheet from a parent/parents of the player named above. I would like to confirm that player is a member of our group and will travel with us for the duration of his/her stay in Europe.

Team Manager \_\_\_\_\_ Signature \_\_\_\_\_

Date of signature Day\_\_\_\_Month\_\_\_\_Year\_\_\_\_

This form is intended to act as a document to explain the purpose of a child's travel beyond the borders of Canada without one or both parents. It is also important should an emergency arise to present this document at a hospital to avoid delays in administering proper care. Azorcan does recommend that this form be notarized.

Notary Public \_\_\_\_\_

Signature \_\_\_\_\_

Notary Public in and for the Province of \_\_\_\_\_, Canada

Declared before me at the city of \_\_\_\_\_ in the Province of \_\_\_\_\_

on this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.