

## **Authorization Letter**

### **Cross Border Travel for a Minor American Outbound/Rebound Student**

To Whom It May Concern:

Re: In Loco Parentis Grant of Permission to Travel and Grant Permission for Medical Care of

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Dear Sir/Madam:

I/We are the parents of who is sponsored by Rotary District 5060. This authorization is granted to Rotary District 5060, its Chairman and whomever the Chairman appoints pursuant to the additional authority granted by me as my/our child's parent(s) when I endorsed the Rotary Long Term Application which is on file with Rotary District 5060.

I hereby authorize \_\_\_\_\_ to act in my stead as the Loco Parentis (guardians) for the above-referenced student with respect to the student's travel within and between Canada and the United States. The guardian(s) have authority to escort the student into Canada or the United States and to return with the student to the United States or to Canada. Further, I grant the guardians authority to make all decisions on the health and care of the student and grant permission as noted herein below while the student is in the care of the guardian as follows:

1) To approve any medical or surgical treatment by a physician, surgeon,  
or dentist that might be required by the student for any emergency  
situation.

2) Permission to approve an operation, the administration of an anesthetic, or blood transfusion that a medical practitioner may deem necessary or advisable for the treatment of the student.

As the parent(s) of the student I acknowledge that I/we have as a condition of the student's enrollment in the Rotary Youth Exchange Program agreed to indemnify and hold harmless Rotary and its agents for treatments provided under the circumstances described above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Parents of \_\_\_\_\_

State of Washington )

) ss.

County of \_\_\_\_\_ )

I certify that I know or have satisfactory evidence that \_\_\_\_\_ is the person who appeared before me and said person acknowledged that he/she signed this instruments and acknowledged it to be his/her free and voluntary act for the uses and purposed mentioned in the instrument.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Printed Name

NOTARY PUBLIC in and for the State of

Washington residing at \_\_\_\_\_.

My appointment expires \_\_\_\_\_.

Notary Public Official Seal: