



Medical Authorization

The undersigned certifies that _____ (*he/she*) is the parent or legal guardian of _____; who will be traveling on a tour organized by Action Tours International, Inc. to Brazil for the purpose of soccer and tourism; that _____ (*tour director/coach*), is in charge of the group during the tour; and that the tour will last from _____ to _____. If the parents or legal guardians cannot be immediately contacted, the undersigned grants full power of attorney to the tour director in the event of accident or illness of the above participant at any time from the commencement to the termination of the tour, to do as follows:

1. To arrange for the transportation of the above named participant, whether by ambulance or otherwise, to a proper facility where emergency medical treatment would normally be administered, including, but not limited to, an emergency room of a hospital, a doctor's office, or a medical clinic; and

2. To sign any releases as may be required in order to obtain any medical or surgical treatment as is required in the judgment of medical authorities at the facility.

Parent or Legal Guardian

Street Address

City, State, Zip

(_____) _____
Emergency Contact Phone #

Date