



PERMISSION TO TRAVEL ABROAD SCHOOL TRIP CONSENT & AUTHORIZATION

I, _____ (Legal name of Parent/Guardian), of _____ (legal address including country)
AND

I, _____ (Legal name of Parent/Guardian), of _____ (legal address including country)

declare that we are the legal parents / guardians of:

Full Legal Name:	X
Legal Address:	X
Date of Birth:	X
Place of Birth:	X
Passport Number:	X

I / We, the undersigned, do hereby consent to the participation of my youth to travel abroad and participate in this trip. I also hereby do state that I have authorization and full permission to act on his/her behalf as their legal guardian.

I / We, the legal guardian(s) of the student registered for this trip, understand that I will be notified of a **medical emergency**, however in the event that I cannot be reached, I authorize the calling of a doctor or medical assistance of any type to provide necessary medical services in the event that my youth is injured or becomes ill. I authorize the person named below to make emergency medical decisions on behalf of my youth, if required by law, or a health care professional. I authorize the person indicated to act in my consent to all necessary and appropriate x-ray examinations, anesthetic, medical or surgical diagnosis or treatments and hospital care. I also understand that the Trip Leader and designated adult chaperones reserve the right to restrict my youth from any activity that they do not feel is within their physical capabilities.

Trip Destination:	XXX
Arriving from the USA:	XXX
1 st Hotel:	XXX
1 st Hotel dates:	XXX
2 nd Hotel:	XXX
2 nd Hotel dates:	XXX
Departing to the USA:	XXX
Person responsible for my child on trip:	XXX
Contact information for responsible party:	XXX
School Name:	XXX



Hammock Expeditions, LLC
51 Hillcrest Way
Bluffton, SC, 29909 USA
P: 984.223.9866
www.STEMstudytours.com
www.HammockExpeditions.com



School Address: XXX

School Phone: XXX

MOTHER – Name / Contact Phone: X

FATHER – Name / Contact Phone: X

IMPORTANT: If one of the parents is deceased, the child should carry the consent letter signed by the surviving parent and a copy of the death certificate of the deceased parent. We also recommend students carry a photocopy of their birth certificate to accompany their passport.

Parent/Legal Guardian – Signature

Date

Printed Name

Phone

NOTARY SIGNATURE / SEAL

Parent/Legal Guardian – Signature

Date

Printed Name

Phone

NOTARY SIGNATURE / SEAL



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