

## Parental/Guardian Permission and Authorization for Travel to Belize, Central America

\_\_\_\_\_, has my/our permission to travel to Belize, Central  
Minor's name (use name on passport)

America with \_\_\_\_\_ the following dates:  
Responsible adult's name (use name on passport)

\_\_\_\_\_. I/we, the undersigned, give my/our permission for the  
Beginning date – Ending date  
responsible adult listed above to obtain medical services for my/our child listed above in case of illness  
or emergency if I/we cannot be reached. I/we also grant the attending physician and/or medical  
institution permission to give said minor medical treatment.

**Minor's date of birth:** \_\_\_\_\_

**Minor's passport information:** \_\_\_\_\_  
Passport number Issue Date City/State/Country of issuance

**Responsible adult's passport information:** \_\_\_\_\_  
Passport number Issue Date City/State/Country of issuance

**In case of emergency contact:** \_\_\_\_\_

\_\_\_\_\_  
Mother/Guardian Signature

\_\_\_\_\_  
Father/Guardian Signature

### Acknowledgement

**State of Tennessee, County of** \_\_\_\_\_

On \_\_\_\_\_, the persons listed below appeared before me  
Date

personally and freely affixed their signatures to this document:

\_\_\_\_\_ (Mother/guardian – please print)

\_\_\_\_\_ (Father/guardian – please print)

\_\_\_\_\_  
Notary Signature

My commission expires: \_\_\_\_\_

Notary Seal