FRANCE TRIP 2013 PARENTAL CONSENT

For Travel outsidethe United Kingdom ofa Minor Child without Parents Traveling

PLEASE TYPE OR PRINT CLEARLY

NAME OF CHILD (under 18years):	
Date of birth of child:	
I, (PRINT)	Parent
Of Minor Child, Do Hereby Authorize: Gareth Bryant and Llandysul Paddlers Cano	e Centre and Club
To Travel As a Guardian Of:	
(Name of Child)	Age:
To The Following Countries: France	
From: Day: 19th / Month: August / Year: 2013	
To: Day: 28th / Month: August / Year: 2013	
I (Parent) HAVE Major Medical Insurance that will cover this child for medical treathe United Kingdom; and that I AUTHORIZE the above named person to make metreatment decisions for the minor child listed above if needed. We have provided Emergency Contact Information below:	
Name:	
Address:	
Post Code:	
Home Phone:	
Work Phone:	
Alternate Name & Phone:	
Signature:	
(Signature Of Non-Traveling Birth Parent(s) or Guardians.	