

Autorização Médica / Medical Authorization

To Whom It May Concern :

We, Mr. And Mrs. _____,
parents of _____
authorize TIA ELIANE TOURS to proceed with arranging any
health treatment procedures that our child might need, while
traveling with Tia Eliane Tours.

In case you need to contact us regarding our child, please call
011 55 _____ or write to us at the
following address : _____
_____.

Thank you for your attention with this matter.

Sincerely,

Father

Mother