

# *Autorização Médica / Medical Authorization*

## **To Whom It May Concern :**

We, Mr. And Mrs. \_\_\_\_\_ nome do pai e da mãe \_\_\_\_\_,  
parents of \_\_\_\_\_ nome do menor que esta viajando \_\_\_\_\_  
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 \_\_\_\_\_ telefone com DDD \_\_\_\_\_ or write to us at the  
following address : \_\_\_\_\_ endereço residencial completo \_\_\_\_\_  
\_\_\_\_\_.

Thank you for your attention with this matter.

Sincerely,

\_\_\_\_\_ nome do pai e assinatura \_\_\_\_\_

Father

\_\_\_\_\_ nome da mãe e assinatura \_\_\_\_\_

Mother