

Consent for International Travel & Medical Care

I, [Name of Parent and Address of Parent] declare that I am the [mother/father] of the following child:

Full Name of Sailor, born full date of birth in city, New Zealand passport number xxxxxxx.

My child has consent to travel to actual location of destination (ie Abu Dhabi) for an International Optimist Dinghy Association Regatta from date onwards to date returning to New Zealand ##give an extra two days of travel time in case flight is delayed for whatever reason## with [who] of [eg Auckland] (New Zealand), holding a New Zealand passport number xxxxx.

[Name of Person taking child overseas] can be contacted by phone at +64xxxxxxxx or by email at [xxxxxxxxxxxxxxxx].

I also give consent to [Name of Person taking child overseas] to obtain necessary medical assistance, should [Name of Sailor] require treatment for any illness or accident suffered whilst under [Name of Person taking child overseas] supervision. I agree to be financially responsible for the cost of any medical care provided to [Name of Sailor] under this Authorisation.

I also agree to pay for any additional costs that may be incurred whilst under [Name of Person taking sailor overseas] care.

If there are any question or concerns regarding this document, I may be contacted at:

Name of Parent, Address of Parent, City in New Zealand Phone: +64xxxxxxx

Email: xxxxxxxxxxxxxxxxxxxx

_____ Name of Parent

_____ Date