

Medical Treatment Authorization Letter

(This letter should be given to the guardian or group leader during the entire trip.)

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian's Phone Numbers: _____

Date: _____

To Whom It May Concern:

Our child _____ DOB: _____

Will be traveling with and under the temporary guardianship of

The Global Leadership Institute

Summer Leadership Tour led by

Dr. LeAnne Campbell

PO Box 71224, Durham, NC 27712

During the dates of: _____

In case of medical emergency during our absence, please try to reach children's parents/guardians first at these numbers:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

In the event that none of the legal guardians noted above can be reached by phone during a medical emergency, we authorize, Dr. LeAnne Disla, to make any medical decisions necessary to ensure proper treatment. We will assume all expenses related to medical care for our child.

Our child: _____ is covered by a medical insurance

policy issued by: _____ Insured Name: _____

Policy ID: _____ Insurance Company's Phone: _____

Name of Child's Physician: _____ Phone: _____

I or we authorize the above:

Signed: _____

Parent/Guardian

Parent/Guardian

Date: _____

(This letter needs to be signed by both parents.)