

Autorização Médica // Medical Authorization

To Whom It May Concern :

We, Mr. _____

And Mrs. _____,

parents of _____

Authorize TIA JU / VOYAGER TURISMO to proceed with arranging any health treatment procedures that our child might need, while traveling with TIA JU / VOYAGER TURISMO.

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