

PARENTAL AUTHORISATION FOR MINOR CHILDREN (UNDER 18)

Name of child (children) :

I, the undersigned Mr/Mrs _____, hereby

- Authorize the association “Notre-Dame de Chrétienté” to make all necessary arrangements for any surgical intervention or urgent hospitalisation for my child (children) above mentioned.
- In my absence, place all responsibility for my child (children) above mentioned, in the care of Mr/Mrs* _____ participating adult on the pilgrimage.

I can be contacted during the 3 days of the pilgrimage :

chapter : _____

phone (home and/or cell) : _____

Date : _____

Signature of the father or the mother (exclusively): _____

*Delete as necessary

PLEASE ENSURE THAT THIS AUTHORISATION IS COMPLETED AND RETURNED
