

This form must be filled out by the parent and **notarized**. The notarized copy goes to the chaperone(s) and a copy is sent to the host school. Make a second copy to keep at school.

**INTERNATIONAL SCHOOL-TO-SCHOOL EXPERIENCE (ISSE)
ACCOMPANYING ADULT AS LEGAL AGENT**

We, the parents of _____
Family Name Personal Name Initial

Mother (print) _____
Family Name Personal Name Initial

Father (print) _____
Family Name Personal Name Initial

hereby authorize _____
Family Name Personal Name Initial

hereby authorize _____
Family Name Personal Name Initial

who is(are) the Accompanying Adult(s) of the visiting team to _____ School, at

Street _____
City _____ State/Province _____ Country _____

to authorize and arrange for medical care, hospitalization and/or surgery, and to determine and undertake such financial obligations as may be necessary therefor, in the event that in his/her judgment such services become necessary for the above named child during his/her attendance at, travel to, and return from the aforementioned Host School and community with the proviso that such Accompanying Adult(s), named above, inform the parents, named above, as early as possible, making every effort to contact parents before this authorization is exercised.

Father's Signature _____

Home Address (print) _____

Telephone/Fax _____

E-Mail _____

Business Address (print) _____

Telephone/Fax _____

Mother's Signature _____

Home Address (print) _____

Telephone/Fax _____

E-Mail _____

Business Address (print) _____

Telephone/Fax _____

Date _____ (day) _____ (month) _____ (year)

Place Notary Seal in this Space