

PARENTAL AUTHORIZATION FOR MINORS

| | I, the undersigned, Father | I, the undersigned, Mother |
|-------------------------|-------------------------------|-------------------------------|
| Surname : | | |
| Name : | | |
| Date of birth : | | |
| Phone number (home) : | | |
| Phone number (office) : | | |
| Email address : | | |

authorize the following minor, over whom I have parental authority

| | |
|-----------------|--|
| Surname : | |
| Name : | |
| Date of birth : | |

to travel to and from Spain and/or to stay with the following person/s and I authorize the following person/s to take, under emergency circumstances, the necessary measures to ensure the health and safety of the foresaid child: (in case of minors travelling with both parents leave it blank).

| | I authorize : | I authorize : | I authorize : |
|------------------------------------|---------------|---------------|---------------|
| Surname : | | | |
| Name : | | | |
| Date of birth : | | | |
| ID / Passport N° | | | |
| Address : | | | |
| Phone Contact Number and e-mail | | | |
| Organization : (if relevant) | | | |

I hereby declare that I will be taking care of all the expenses for this trip for the foresaid minor,

| | |
|------------------|------------------|
| Father signature | Mother signature |
| Father name | Mother name |

Date and place: