

Travel Consent Form
Boukobza Academy Summer Program
July 6-31, 2019

By signing below, I approve travel for my minor _____ as follows:

Traveling to: France

From: _____ to Charles-de-Gaulles Airport (CDG) France

Traveling from: France

From: Charles-de-Gaulles Airport (CDG) France to: _____

The following named adult will accompany my child:

In the event of an emergency, I/we can be reached at:

Address: _____

Home phone number: _____

Cell phone number: _____

Work phone number: _____

Parents' Initials: _____

In addition, I authorize **Laurent Boukobza** to consent to any necessary routine or emergency medical treatment during the aforementioned trip.

Signature: _____

STATE OF _____

COUNTY OF _____

On _____, before me, _____, personally appeared, _____ personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity(ies), and that by his/her signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal:

(Notary signature)