

**PARENTAL/GUARDIAN APPROVAL FOR  
MINOR TO TRAVEL**

I/We hereby authorize Allied Limos to chauffeur the above party on the tour. I APPROVE TRAVEL FOR MY CHILD AS FOLLOWS:

NAME \_\_\_\_\_  
(Child(ren)'s Name)

AGED \_\_\_\_\_  
(Child(ren)'s Age)

TRAVELING TO \_\_\_\_\_  
(Destination or Type of Travel)

FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Departure Date) (Return Date)

WITH \_\_\_\_\_  
(Traveling Adult's Full Name)

I ALSO AUTHORIZE THE TRAVELING ADULT TO OBTAIN ANY NECESSARY MEDICAL TREATMENT BY A LICENSED PHYSICIAN/ HOSPITAL/PHARMACY/ RESCUE SQUAD/ AMBULANCE COMPANY / MEDICAL AIR EVACUATION COMPANY.

IN THE EVENT THE TRAVELING ADULT IS INCAPACITATED AND CANNOT GIVE AUTHORIZATION FOR TREATMENT, I AUTHORIZE A LICENSED PHYSICIAN/ HOSPITAL/ PHARMACY/ RESCUE SQUAD, AMBULANCE COMPANY /MEDICAL AIR EVACUATION COMPANY TO GIVE MY CHILD(REN) ANY NECESSARY MEDICAL TREATMENT. I CAN BE REACHED AT \_\_\_\_\_  
(Telephone Number)

HOWEVER, I DO WANT TREATMENT TO COMMENCE PRIOR TO MY BEING CONTACTED IF MY CHILD(REN) IS IN PAIN OR THE CONDITION IS LIFE THREATENING.

**SIGNATURES:**

Legal Mother Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Legal Father Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Legal Guardian Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_

**PROM TOUR POLICY:**

Privacy window to remain open at all times during the tour

No smoking allowed inside limousine

No food, alcoholic beverage and/or drugs allowed on board

Please be considerate, cleaning charges will apply if limousine requires special attention for cleaning - (up to \$1,000)

Any interior damage to the vehicle will incur charge up to \$2,000

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