

CONSENT FOR MINOR (0-17) CHILD TO TRAVEL WITHOUT PARENT/LEGAL GUARDIAN

Date: _____

To Whom It May Concern:

I/We, _____

(Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s))

am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of:

Child's full name: _____

Date of Birth: _____

Place of Birth: _____

U.S. Passport Number: _____

Date and Place of Issuance of U.S. Passport: _____

_____, (Child's Full Name) has my/our consent to travel with:

Full name of accompanying person: _____

U.S. or foreign passport number: _____

Date and Place of issuance of this passport: _____

to travel to _____ during the period of _____.

During that period, _____ (Child's Name) will be residing with _____ at the following address:

Number/street address and apartment number: _____

City, State/Province, Country: _____

Telephone and fax numbers (work, cell phone and residence) _____

I (we) authorize the above adult to supervise the minor while traveling abroad and to sign waivers for the minor to participate in any activities. In addition, I (we) authorize the above adult to consent to any necessary, routine or emergency medical treatment during the trip, if a qualified medical person advises such.

Signed: _____

Print: _____

(Parent/Legal Guardian)

Signed: _____

Print: _____

(Accompanying, Named Adult)

Sworn to and signed before me,

this _____ day of _____, 20____

Solicitor/Commissioner for Oaths/Notary Public Signature and Seal