

CHILD TRAVEL CONSENT FORM

I. THE MINOR(S)

This Consent Form is given regarding the following minor child/children (the "Minor"):

Child 1:

Full Name: _____

Date of Birth: _____ day of _____, 20____

Passport Number (if applicable): _____

Country of Issuance: _____

Child 2 (if applicable):

Full Name: _____

Date of Birth: _____ day of _____, 20____

Passport Number (if applicable): _____

Country of Issuance: _____

Child 3 (if applicable):

Full Name: _____

Date of Birth: _____ day of _____, 20____

Passport Number (if applicable): _____

Country of Issuance: _____

II. THE PARENT(S) / LEGAL GUARDIAN(S)

This consent is granted by the following custodial parent(s) or legal guardian(s) (the "Releasing Party"):

Parent/Guardian 1:

Full Name: _____

Address: _____

City: _____ State: _____

_____ Zip: _____

Phone Number: _____

Email Address: _____

Parent/Guardian 2 (if applicable):

Full Name: _____

Address: _____

City: _____ State: _____

_____ Zip: _____

Phone Number: _____

Email Address: _____

III. THE ACCOMPANYING ADULT (AUTHORIZED GUARDIAN)

I/We authorize the Minor to travel with the following adult (the "Authorized Guardian"):

Full Name: _____

Relationship to Minor: _____

Passport/ID Number: _____

Issuing Country/State: _____

Phone Number: _____

Current Address: _____

IV. TRAVEL ITINERARY

The Minor is authorized to travel during the following dates and to the following locations:

Travel Dates:

Departure Date: _____ day of _____, 20____

Return Date: _____ day of _____, 20____

Destinations:

The Minor will be traveling to the following cities, states, and/or countries:

Transportation Details:

The Minor will be traveling via (check all that apply):

☐ Airline (Flight Number: _____)

☐ Train

☐ Bus

☐ Car/Vehicle

☐ Cruise Ship

☐ Other: _____

V. MEDICAL AUTHORIZATION

In the event of an emergency, accident, or illness during the authorized travel dates, I/We hereby authorize the Authorized Guardian to consent to any necessary medical or surgical treatment, including but not limited to hospitalization, anesthesia, and surgery, recommended by a licensed physician or healthcare provider.

Medical Insurance Information:

Insurance Company: _____

Policy Number: _____

Group Number: _____

Medical Conditions / Allergies:

Please list any known allergies, medical conditions, or dietary restrictions for the Minor(s):

VI. LEGAL CUSTODY AND AUTHORITY

The Releasing Party certifies the following regarding custody of the Minor (check one):

☐ **Joint Custody:** Both parents/guardians share legal custody, and both have signed this document below.

☐ **Sole Custody:** I am the sole legal custodian of the Minor, and no other person's consent is required for this travel.

☐ **Authorization:** I am the custodial parent/guardian, and while the other parent has rights, I have the legal authority to grant this permission unilaterally or have obtained necessary verbal consents.

VII. WAIVER AND RELEASE

I/We hereby agree to indemnify and hold harmless the Authorized Guardian from any claims, demands, or liabilities arising out of said travel, except in the case of gross negligence or willful misconduct. I/We acknowledge that I/we are responsible for any costs associated with medical treatment or travel disruptions.

VIII. SIGNATURES

Parent/Guardian 1 Signature

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Parent/Guardian 2 Signature (if applicable)

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

Witness Signature (Optional)

Signature: _____

Date: _____ day of _____, 20____

Print Name: _____

IX. NOTARY ACKNOWLEDGMENT

State of _____

County of _____

On this ____ day of _____, 20____, before me, the undersigned Notary Public,
personally appeared _____ (Name of Parent/Guardian 1)
and _____ (Name of Parent/Guardian 2, if applicable),
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/they executed the same
in his/her/their authorized capacity(ies), and that by his/her/their 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.

Signature of Notary Public: _____

Date: ____ day of _____, 20____

Print Name: _____

(Seal)