

## CHILD TRAVEL CONSENT FORM

This Child Travel Consent Form is entered into on the

\_\_\_\_\_ day of \_\_\_\_\_ ,  
20 \_\_\_\_\_ , by the undersigned parent(s) or legal guardian(s)  
of the minor child named below.

### 1. PARTIES

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Minor Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ day of

\_\_\_\_\_ , 20 \_\_\_\_\_

Passport Number (if applicable): \_\_\_\_\_

Accompanying Adult/Group Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## 2. TRAVEL DETAILS

Destination(s): \_\_\_\_\_

Departure Date: \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_

Return Date: \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

Flight/Train/Bus Number (if applicable): \_\_\_\_\_

## 3. CONSENT

The undersigned parent(s) or legal guardian(s) hereby grant permission for the minor child named above to travel to the destination(s) specified with the accompanying adult or group. This consent includes all necessary permissions for the accompanying adult or group to supervise and make decisions regarding the minor child's welfare during the trip, including but not limited to, decisions regarding accommodation, transportation, and activities.

## 4. MEDICAL AUTHORIZATION

The undersigned authorize the accompanying adult or group to obtain any necessary medical treatment for the minor child during the trip. This includes, but is not limited to, medical examinations, treatments, and hospital care as deemed necessary by a licensed physician. The undersigned agree to assume financial responsibility for any medical expenses incurred.

## 5. LIABILITY RELEASE

The undersigned hereby release and discharge the accompanying adult or group from any and all claims, demands, or causes of action that may arise from the minor child's participation in the

trip, except for those arising from gross negligence or willful misconduct.

## 6. GOVERNING LAW

This Consent Form shall be governed by and construed in accordance with the laws of the State of \_\_\_\_\_. Any disputes arising under or in connection with this Consent Form shall be subject to the exclusive jurisdiction of the courts of the State of \_\_\_\_\_.

## 7. SEVERABILITY

If any provision of this Consent Form is found to be invalid or unenforceable, the remaining provisions shall continue in full force and effect.

## 8. ENTIRE AGREEMENT

This Consent Form constitutes the entire agreement between the parties regarding the subject matter herein and supersedes all prior agreements and understandings, whether written or oral.

## 9. AMENDMENT

This Consent Form may only be amended or modified by a written agreement signed by both parties.

## 10. NOTICE

Any notice required or permitted to be given under this Consent Form shall be in writing and sent to the addresses provided above. Notices shall be deemed received three (3) days after being sent by certified mail, return receipt requested.

## 11. TERMINATION

This Consent Form shall automatically terminate upon the minor child's return from the trip, unless otherwise agreed in writing by the parties.

## 12. SIGNATURES

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Accompanying Adult/Group Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## 13. WITNESS

Witness Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## 14. NOTARY ACKNOWLEDGMENT

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of  
\_\_\_\_\_, 20 \_\_\_\_\_,  
before me, the undersigned Notary Public, personally appeared  
\_\_\_\_\_, personally known to me or proved to me on the  
basis of satisfactory evidence to be the individual(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  
capacity(ies), and that by his/her/their signature(s) on the instrument, the individual(s), or the  
person upon behalf of which the individual(s) acted, executed the instrument.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Notary Public, State of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

This Child Travel Consent Form is prepared for immediate use, printing, and signing. Please  
ensure all blank fields are completed before signing.