

MINOR CHILD TRAVEL CONSENT FORM

I, the undersigned, being the parent(s) or legal guardian(s) of the minor child named below, hereby grant my full and unconditional consent for my minor child to travel domestically and/or internationally with the accompanying adult(s) named herein.

I. MINOR CHILD INFORMATION

Minor Child's Full Legal Name: _____

Date of Birth: _____ day of _____, 20 _____

Place of Birth: _____

Passport Number (if applicable): _____

Issuing Country (if applicable): _____

Date of Issue (if applicable): _____ day of _____, 20 _____

Date of Expiry (if applicable): _____ day of _____, 20 _____

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

Parent/Legal Guardian 1 Full Legal Name: _____

Relationship to Minor Child: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Email Address: _____

Passport Number (if applicable): _____

Parent/Legal Guardian 2 Full Legal Name (if applicable): _____

Relationship to Minor Child: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Email Address: _____

Passport Number (if applicable): _____

III. ACCOMPANYING ADULT(S) INFORMATION

Accompanying Adult 1 Full Legal Name: _____

Relationship to Minor Child: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Email Address: _____

Passport Number (if applicable): _____

Issuing Country (if applicable): _____

Date of Issue (if applicable): _____ day of _____, 20 _____

Date of Expiry (if applicable): _____ day of _____, 20 _____

Accompanying Adult 2 Full Legal Name (if applicable): _____

Relationship to Minor Child: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____

Email Address: _____

Passport Number (if applicable): _____

Issuing Country (if applicable): _____

Date of Issue (if applicable): _____ day of _____, 20 _____

Date of Expiry (if applicable): _____ day of _____, 20 _____

IV. TRAVEL DETAILS

Destination(s): _____

Purpose of Travel: _____

Departure Date: _____ day of _____, 20 _____

Return Date: _____ day of _____, 20 _____

Airline/Transportation Carrier (if known): _____

Flight/Travel Number (if known): _____

Accommodation Details (if known): _____

V. EMERGENCY CONTACT INFORMATION (OTHER THAN ACCOMPANYING ADULT)

Emergency Contact Full Legal Name: _____

Relationship to Minor Child: _____

Phone Number: _____

Email Address: _____

VI. MEDICAL AUTHORIZATION

In the event of a medical emergency involving the minor child during the aforementioned travel, I hereby authorize the accompanying adult(s) to seek and consent to any necessary medical treatment, including but not limited to, emergency medical care, hospitalization, surgery, or medication, as deemed appropriate by qualified medical professionals. I understand that this authorization extends to any medical facility or practitioner in the location of travel. I agree to be responsible for all medical expenses incurred.

Known Medical Conditions or Allergies of Minor Child:

Medications Minor Child is Currently Taking:

VII. DECLARATION

I affirm that I am the legal parent(s) or guardian(s) of the minor child named herein and have the sole legal authority to grant this consent. I understand that this consent form may be required by airlines, immigration authorities, or other officials during the minor child's travel.

This consent is given freely and voluntarily on this _____ day of _____, 20_____.

PARENT/LEGAL GUARDIAN 1

Signature: _____

Print Name: _____

Date: _____ day of _____, 20_____

Address: _____

PARENT/LEGAL GUARDIAN 2 (if applicable)

Signature: _____

Print Name: _____

Date: _____ day of _____, 20 _____

Address: _____