

PERMISSION FOR MINOR CHILD TO TRAVEL WITHIN THE UNITED STATES

I/we, _____ am/are the lawful custodial
(Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s))

parent(s) and/or non-custodial parent(s) or legal guardian(s) of: _____
(FULL LEGAL NAME OF MINOR CHILD)

D.O.B. ____/____/____, who was born at _____
(MONTH / DAY / YEAR) (CITY, STATE, COUNTRY)

and who is **my/our** _____.
(SON, DAUGHTER, WARD, ETC)

I/we hereby grant **him/her** permission to visit the following States:

(STATES TO BE VISITED BY MINOR)

with _____, _____
(FULL NAME OF ACCOMPANYING PERSON) (DRIVERS LICENSE and I.D NUMBER)

who has **my/our** consent to travel with and I/we authorize the above mentioned person, has authorization to approve any medical treatment, for **my/our** minor child to receive, if medical physicians deemed it necessary.

They will depart on or after ____/____/____ and return to no later than ____/____/____.
(MONTH / DAY / YEAR) (MONTH / DAY / YEAR)

Signature: _____ Date: ____/____/____
(FULL LEGAL NAME OF PARENT / LEGAL GUARDIAN) (MONTH / DAY / YEAR)

Signature: _____ Date: ____/____/____
(FULL LEGAL NAME OF PARENT / LEGAL GUARDIAN) (MONTH / DAY / YEAR)