## MINOR TRAVEL CONSENT FORM

One Parent/ Guardian

| Minor's information:            |                        |                         |
|---------------------------------|------------------------|-------------------------|
| Name:                           |                        |                         |
| Date of Birth:                  | Passport Number:       | (if applicabl           |
| Parent/Legal Guardian Informat  | ion:                   |                         |
| Name:                           |                        |                         |
| Relationship to Child:          | Identification Number: |                         |
| Address:                        |                        |                         |
| Contact Number:                 |                        |                         |
| Travel Information:             |                        |                         |
| Destination:                    |                        |                         |
| Departure Date:                 | Return Date:           |                         |
| Traveling With:                 |                        |                         |
| Relationship to Minor:          |                        |                         |
| Address/Contact at Destination: |                        |                         |
|                                 |                        |                         |
| Consent Statement:              |                        |                         |
| I                               |                        | , am the lawful         |
| parent / guardian of            | I here                 | by grant permission for |
| my child to travel to           |                        |                         |
|                                 | I acknowledge th       |                         |
| purpose of                      | and author             | ize the accompanying    |

## **Emergency Information:** Doctor's Name: \_\_\_\_\_ Doctor's Contact Number: \_\_\_\_\_ Health Insurance Provider: \_\_\_\_\_\_ Policy Number: \_\_\_\_\_ Parent / Legal Guardian Signature: (Do not sign until in front of the notary public.) Signature: **Notary Acknowledgement** State of \_\_\_\_\_ County of \_\_\_\_\_ The forgoing instrument was acknowledged before me by means of ☐ Physical Presence ☐ Online Presence this \_\_\_\_\_\_, 20\_\_\_\_\_ (Parent / Guardian making Acknowledgement) Personally Known Produced Identification: Type of Identification Produced: \_\_\_\_\_\_ Notary Public Signature: Notary Public Name: \_\_\_\_\_ Date: \_\_\_\_\_ (Notary Official Seal)