

### Travel Consent Form for Minors

In witness whereof and by signing below, I approve travel for my child as follows:

Name \_\_\_\_\_ Age \_\_\_\_\_  
(Name of Minor) (Age of Minor)

Traveling To \_\_\_\_\_  
(Destination of Travel)

From \_\_\_\_\_ To \_\_\_\_\_  
(Departure Date) (Return Date)

With \_\_\_\_\_  
(Traveling Adult's Full Name)

I also authorize the traveling adult to obtain any necessary medical treatment by a licensed physician/ hospital/pharmacy/ rescue squad/ ambulance company / medical air evacuation company.

In the event the traveling adult is incapacitated and cannot give authorization for treatment, a licensed physician/ hospital/ pharmacy/ rescue squad, ambulance company /medical air evacuation company should contact me directly if my child requires medical treatment. I can be reached at \_\_\_\_\_  
(Telephone Number)

However, I authorize treatment to commence prior to my being contacted if my child is in pain or the condition is life threatening.

Signatures:

Legal Mother Printed Name \_\_\_\_\_ Signature \_\_\_\_\_  
Legal Father Printed Name \_\_\_\_\_ Signature \_\_\_\_\_

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I, hereby certify that \_\_\_\_\_ and \_\_\_\_\_  
(Legal Mother) (Legal Father)

appeared before me and executed this document giving permission for the child named above to travel out of the United States of America with the traveling adult named above. This document also includes authorization of medical treatment for the child if necessary. I attest that this instrument is executed willingly and voluntarily, without being coerced, by the above signor(s), and it is their free act and deed for the purposes of expressing their approval.

Date \_\_\_\_\_

Notary Public Signature \_\_\_\_\_

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

State or Commonwealth of \_\_\_\_\_

My commission expires \_\_\_\_\_

