MINOR (CHILD) TRAVEL CONSENT

I. The Parent(s)

I/We,	, am/are the lawful custodial parent(s) and/or non-custodial
parent(s) or legal guardian(s) of:	

II. The Minor

Full Name:		
Date of Birth:		
Place of Birth	•	
Passport Num	nber (if applicable):	
0	Country of Issuance: _	
0	Date Issuance:	

• Date Expiration: _____

III. Traveling Alone/Accompanying Person

- \Box I authorize my child to travel **alone**.
- □ I authorize my child to travel with the following individual/organization:
 - Individual/Organization Name: ______
 - Relationship to Child (if applicable): _______
 - - Country of Issuance: ______
 - Date Issuance: ______
 - Date Expiration: ______

IV. Itinerary

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I authorize my child to travel to the following location ______ during the

period beginning on ______, 20_____, and ending on

_____, 20_____.

V. Signature(s)

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Parent / Legal Guardian Signature:	
Date:	
Full Name:	
Parent / Legal Guardian Signature:	
Date:	
Full Name:	