

To Whom It May Concern,

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

The Minor

Minor's Full Name: _____

Date of Birth: _____ Place of Birth: _____

U.S. Passport Number: _____

Date Issuance: _____ Date Expiration: _____

Traveling with only one parent or legal guardian

My child is traveling with only one parent or legal guardian

Full Name of non-traveling parent or legal guardian: _____

Relationship to minor: _____

I acknowledge that _____ is traveling out of the country with _____ and has my permission to do so.

Traveling Alone/Accompanying Person

My child is not traveling with an accompanying person

My child is traveling with an accompanying person known as:

Full Name: _____

Relationship to Minor: _____

U.S. or Foreign Passport Number: _____ Country of Issuance: _____

Date Issuance: _____ Date Expiration: _____

Itinerary

My child will be traveling to _____ during the period of _____.

During that period, my child will be residing with _____ at:

Street Address: _____

City _____ State/Province _____

Country _____ with the following contact information:

Phone Number: _____ E-Mail: _____

Parent / Legal Guardian Signature: _____

Date: _____ Full Name: _____

Parent / Legal Guardian Signature: _____

Date: _____ Full Name: _____

Signed before me, _____, (Full Name of Witness)
this ____ day of _____, 20____ at _____

Witness / Notary Public Signature: _____

AUTHORIZATION FOR MEDICAL TREATMENT OF MINOR CHILD

I, _____, hereby grant _____
temporary authority to seek appropriate medical attention for my minor child,
_____. This grant of temporary authority shall be in effect during
the course of their trip to _____. It shall begin on _____ and remain
in effect until their return on _____.

To be signed in the presence of notary

Name _____

Signature _____

Date _____

Subscribed and sworn to before me the _____ day of _____, 20____.