

INSTRUCTIONS FOR PARENTAL/GUARDIAN APPROVAL FOR MINOR TO TRAVEL AND MEDICAL AUTHORIZATION

If one legal parent is traveling outside the United States with a minor child, this form should be signed by the legal parent that is **not** traveling.

If a minor child is traveling outside the United States with someone other than either legal parent, **BOTH** legal parents should sign this form.

If one or both legal parents are deceased, a certified death certificate should be attached to this form. If one of the legal parent's whereabouts is unknown, a separate affidavit stating such is suggested.

Note: Most countries do not require these forms, but it is in the best interest of the traveling parent, the absent parent, and child to have the information available to authorities. In any case, the medical instructions are a good idea. It is the traveler's ultimate responsibility to verify entry and exit requirements of all destinations. This is not to be construed as legal advice and is only to be considered a best practice.

JOINT PARENTAL/GUARDIAN APPROVAL FOR MINOR TO TRAVEL AND MEDICAL AUTHORIZATION

I, _____, AM THE LEGAL MOTHER / FATHER / GUARDIAN (CIRCLE ONE) OF THE MINOR CHILDREN WHOSE NAMES AND BIRTHDATES ARE AS FOLLOWS: [USE ADDITION PAGE AS NECESSARY]

NAME: _____ DOB: _____ AGE: _____

NAME: _____ DOB: _____ AGE: _____

NAME: _____ DOB: _____ AGE: _____

I, _____, LEGAL MOTHER / FATHER / GUARDIAN OF THESE CHILDREN, AGREE THAT THE LEGAL FATHER / MOTHER GUARDIAN _____ SHALL HAVE PERMISSION TO TRAVEL ACROSS INTERNATIONAL BORDERS WITH OUR CHILDREN, PROVIDED THAT ALL INFORMATION REGARDING ITINERARY AND CONTACT INFORMATION IS PROVIDED ON THIS FORM, AND MY NOTARIZED ACKNOWLEDGMENT OF RECEIPT OF ITINERARY IS ATTACHED TO THIS MINOR CHILD CONSENT TO TRAVEL AND MEDICAL AUTHORIZATION]

I APPROVE TRAVEL FOR MY CHILD AS FOLLOWS:

NAME: _____ DOB: _____ AGE: _____

NAME: _____ DOB: _____ AGE: _____

NAME: _____ DOB: _____ AGE: _____

TRAVELING TO _____

COMPLETE ITINERARY:

USE ADDITIONAL SHEET (S) as NECESSARY

Date:	Complete Contact Information: Address, Telephone No, etc.	From _____ (date) to _____ (date)
Date:	Complete Contact Information: Address, Telephone No, etc.	From _____ (date) to _____ (date)
Date:	Complete Contact Information: Address, Telephone No, etc.	From _____ (date) to _____ (date)

(Destination or Type of Travel) _____

FROM (Departure Date) _____ TO (Return Date) _____

DEPARTURE LOCATION _____ RETURN LOCATION _____

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, I AUTHORIZE A LICENSED PHYSICIAN/ HOSPITAL/ PHARMACY/ RESCUE SQUAD, AMBULANCE COMPANY /MEDICAL AIR EVACUATION COMPANY TO GIVE MY CHILD(REN) ANY NECESSARY MEDICAL TREATMENT. I CAN BE REACHED AT _____

(Telephone Numbers)

HOWEVER, I DO WANT TREATMENT TO COMMENCE PRIOR TO MY BEING CONTACTED IF MY CHILD(REN) IS IN PAIN OR THE CONDITION IS LIFE THREATENING.

SIGNATURES:

Legal Mother Printed Name _____ Signature _____

Legal Father Printed Name _____ Signature _____

Legal Guardian Printed Name _____ Signature _____

I, hereby certify that _____ and/or _____
(Legal Mother, Father or Guardian) (Legal Mother, Father or Guardian)

personally appeared before me and executed this document giving permission for the child(ren) 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. In the circumstance of one parent or both parents being deceased or that the legal parents do not have child custody, I attest that the surviving parent or legal guardian swore to the accuracy of the death certificate(s) and/or guardianship documents attached to this document in my presence.

Date: _____

Notary Public Signature:

County of _____

State or Commonwealth of _____

My commission expires:



EXHIBIT A

LEGAL CUSTODY OF THE MINOR CHILD(REN) IS AS FOLLOWS:

___ MOTHER & FATHER SHARE JOINT LEGAL CUSTODY

___ MOTHER HAS SOLE LEGAL CUSTODY

___ FATHER HAS SOLE LEGAL CUSTODY

___ OTHER (SPECIFY) _____

PHYSICAL CUSTODY OF THE MINOR CHILD(REN) IS AS FOLLOWS:

___ MOTHER & FATHER SHARE JOINT PHYSICAL CUSTODY

___ MOTHER HAS SOLE PHYSICAL CUSTODY

___ FATHER HAS SOLE PHYSICAL CUSTODY

___ OTHER (SPECIFY) _____

STATE IN WHICH CURRENT CHILD CUSTODY ORDER HAS BEEN ENTERED:

STATE WITH "HOME STATE JURISDICTION" OVER MINOR CHILDREN:

COUNTRY OF HABITUAL RESIDENCE OF THE MINOR CHILDREN:
