



## LETTER OF CONSENT FOR TRAVEL OF A MINOR CHILD

To Whom It May Concern:

I/We, \_\_\_\_\_

(Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s))

am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of the following minors:

Child's full name			
Date of Birth		Place of Birth	
Passport Number		Passport Expiry Date	
Child's full name			
Date of Birth		Place of Birth	
Passport Number		Passport Expiry Date	

These minors have my/our consent to travel with:

Name of accompanying person			
Passport Number		Passport Expiry Date	
Destination			
From (date)		To (date)	

During this time, if there is a medical emergency, we/I also authorize medical treatment for these minors. Should there be any questions, please use the following contact details:

Name of non-accompanying guardian			
Street address and apartment #			
City		State	
Cell Phone		Email	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian)

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian)

Full Name: \_\_\_\_\_

Signed before me, \_\_\_\_\_,  
(Full Name of Witness)

This \_\_\_\_\_ at \_\_\_\_\_  
(Date) (Name of Location)

Signature: \_\_\_\_\_