



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

Note: Most countries do not require these forms, but we feel that 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. When BOTH parents are traveling with their minor child, it is not necessary to fill out this form.



PARENTAL / GUARDIAN APPROVAL FOR MINOR TO TRAVEL AND MEDICAL AUTHORIZATION

NAME _____
(Child(ren)'s Name)

AGE _____
(Child(ren)'s Age)

TRAVELING TO _____
(Destination or Type 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, 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 Number)

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 signore(s), and it is their free act and deed for the purposes of expressing their approval. In the circumstances 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 _____

Sate or Commonwealth of _____

My commission expires _____

