Child Travel Consent Form

1. Parent(s) and Minor Information.

I/We **[Full name of custodial and/or non-custodial parents or legal guardians]**, am (are) the **[lawful custodian parent/non-custodian parent]**  of **[Child(dren)’s name]**, born on **[Child(dren)’s date of birth]** in **[Child(ren)’s place of birth]**, with passport number**[Child(ren)’s passport number].**

1. Authorization and Other Information.

I/We **[Full name of custodial and/or non-custodial parents or legal guardians]** authorize the child(ren) to travel:

[x]  Internationally (notarization is recommended)

[ ]  Domestically

Further, I/we **[Full name of custodial and/or non-custodial parents or legal guardians]**, authorize the child(ren) to travel with:

[ ]  Alone

[ ]  Father

[ ]  Mother

[ ]  Family Friend

[ ]  School Group

[ ]  Teacher

Full name of accompanying person(s): **[Full name of accompanying person]**

Passport number of accompanying person(s): **[Passport number of accompanying person]**

I/We, **[Full name of custodial and/or non-custodial parents or legal guardians]**,authorize the child(ren) to travel with the above named person to the following destination:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

This authorization shall remain in effect from **[Starting Date/Departure]** to **[Ending Date/Arrival]**. During the period herein mentioned, **[Child(ren)’s name]** will be residing with  **[Name of Person the child(ren) will be residing with]** at the following address:

1. Signatures

|  |  |  |
| --- | --- | --- |
| **[Signature]** |  | **[MM/DD/YYYY]** |
| Signature of Parent #1  |  | Date |

|  |  |  |
| --- | --- | --- |
| **[Signature]** |  | **[MM/DD/YYYY]** |
| Signature of Parent #2 |  | Date |

NOTARY ACKNOWLEDGMENT

State of **[State]**

County of **[Country]**

On **[MM/DD/YYYY]** before me, **[name and title of officer]**, personally appeared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that she/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ that the foregoing paragraph is true and correct. WITNESS my hand and official seal.

|  |  |  |
| --- | --- | --- |
| **[Signature]** |  | **[Name]** |
| Signature |  |  Full Name |