

State of \_\_\_\_\_

# CHILD TRAVEL CONSENT FORM

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I/We, \_\_\_\_\_, am/are the parent(s)/legal guardian(s) of \_\_\_\_\_ [Child's name], born \_\_\_\_\_ [Birthdate]. I/We acknowledge that my/our child is traveling  domestically  internationally and has my/our consent and permission to travel with \_\_\_\_\_ [Accompanying person], my/our child's: (Check one)

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Father      | <input type="checkbox"/> Family friend |
| <input type="checkbox"/> Mother      | <input type="checkbox"/> Teacher       |
| <input type="checkbox"/> Grandmother | <input type="checkbox"/> School group  |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Tour group    |
| <input type="checkbox"/> Nanny       | <input type="checkbox"/> Other: _____  |

\_\_\_\_\_ 's [Accompanying person] passport is issued by \_\_\_\_\_ [Country of issuance], passport number \_\_\_\_\_, issued on \_\_\_\_\_ and by \_\_\_\_\_ [City/State of issuance].

## **TRIP DETAILS**

CHILD'S NAME: \_\_\_\_\_

ACCOMPANYING PERSON: \_\_\_\_\_

TRAVEL DESTINATION: \_\_\_\_\_

TRAVEL DATES: \_\_\_\_\_, 20\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

PURPOSE: (Check one)

- Vacation
- Visiting relatives
- A school trip
- A business trip with parents
- Other: \_\_\_\_\_

ADDRESS AT DESTINATION:

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

Address: \_\_\_\_\_

Country: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**MEDICAL CONSENT** (Check one)

During the time period of the trip, I/we do NOT authorize \_\_\_\_\_  
[Accompanying person] to seek, obtain and consent to any medical treatment.

During the time period of the trip, I/we authorize \_\_\_\_\_ [Accompanying  
person] to seek, obtain and consent to: (Check all that apply)

- routine medical care and treatment
- emergency medical care and treatment
- surgery
- hospitalization
- blood transfusions
- dental care and treatment
- other: \_\_\_\_\_

for \_\_\_\_\_ [Child's name] as deemed necessary by a licensed medical or  
healthcare professional.

Any questions regarding this consent can be directed to me/us at the contact information attached.  
(  In addition, a copy of proof of my sole custody is attached.)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Information about Traveling Child**

**Full Legal Name of Child:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

Place of Birth (State, City, Country): \_\_\_\_\_  
Birth Certificate Registration Number: \_\_\_\_\_  
Issuing Authority of Birth Certificate: \_\_\_\_\_

**Child's Passport Details**

Passport Number: \_\_\_\_\_  
Place of Passport Issuance: \_\_\_\_\_  
Passport Country of Issue: \_\_\_\_\_  
Date of Passport Issuance: \_\_\_\_\_

**Child's Health Information**

Health Conditions (e.g. Asthma, Diabetes): \_\_\_\_\_  
Allergies (e.g. to Medications, Food): \_\_\_\_\_  
Prescription Medications: \_\_\_\_\_  
Date of Last Tetanus Injection/Booster: \_\_\_\_\_

**Child's Medical Care and Insurance Information**

Physician/Pediatrician: \_\_\_\_\_  
Dentist/Orthodontist: \_\_\_\_\_  
Preferred Medical Facility: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy/Group Number: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**Parent/Guardian's Information**

Parent/Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_

**Emergency Contact Person's Information**

**Emergency Contact's**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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**Alternative Emergency Contact Person's Information**

**Emergency Contact's**

**Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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## WITNESS SIGNATURES

I hereby acknowledge that the foregoing Child Travel Consent was signed by \_\_\_\_\_ [Parent(s)/Legal Guardian(s)] in my presence.

\_\_\_\_\_  
**Witness** Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Witness** Signature

\_\_\_\_\_  
Date

