

State of _____

CHILD TRAVEL CONSENT FORM

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: _____ Passport Country of Issue: _____
Place of Passport Issuance: _____ 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: _____ Phone Number: _____
Dentist/Orthodontist: _____ Phone Number: _____
Preferred Medical Facility: _____
Insurance Company: _____
Policy/Group Number: _____
Policy Holder: _____

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: _____



Alternative Emergency Contact Person's Information

Emergency Contact's Name: _____

Phone Number: _____

Email: _____



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



