

# 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 that 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 are deceased, a certified death certificate should be attached to this form. If one of the legal parent's whereabouts is unknown, a separate affidavit stating such is suggested.

**Note:** Most countries do not require these forms, but 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.

## JOINT PARENTAL/GUARDIAN APPROVAL FOR MINOR TO TRAVEL AND MEDICAL AUTHORIZATION

I, \_\_\_\_\_, AM THE LEGAL MOTHER / FATHER / GUARDIAN (CIRCLE ONE) OF THE MINOR CHILDREN WHOSE NAMES AND BIRTHDATES ARE AS FOLLOWS: [USE ADDITION PAGE AS NECESSARY]

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

I, \_\_\_\_\_, LEGAL MOTHER / FATHER / GUARDIAN OF THESE CHILDREN, AGREE THAT THE LEGAL FATHER / MOTHER GUARDIAN \_\_\_\_\_ SHALL HAVE PERMISSION TO TRAVEL ACROSS INTERNATIONAL BORDERS WITH OUR CHILDREN, PROVIDED THAT ALL INFORMATION REGARDING ITINERARY AND CONTACT INFORMATION IS PROVIDED ON THIS FORM, AND MY NOTARIZED ACKNOWLEDGMENT OF RECEIPT OF ITINERARY IS ATTACHED TO THIS MINOR CHILD CONSENT TO TRAVEL AND MEDICAL AUTHORIZATION ]

I APPROVE TRAVEL FOR MY CHILD AS FOLLOWS:

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

TRAVELING TO \_\_\_\_\_

### COMPLETE ITINERARY:

**USE ADDITIONAL SHEET (S) as NECESSARY**

Date:	Complete Contact Information: Address, Telephone No, etc.	From _____ (date) to _____ (date)
Date:	Complete Contact Information: Address, Telephone No, etc.	From _____ (date) to _____ (date)
Date:	Complete Contact Information: Address, Telephone No, etc.	From _____ (date) to _____ (date)

(Destination or Type of Travel) \_\_\_\_\_

FROM (Departure Date) \_\_\_\_\_ TO (Return Date) \_\_\_\_\_

DEPARTURE LOCATION \_\_\_\_\_ RETURN LOCATION \_\_\_\_\_

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 Numbers)

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 signor(s), and it is their free act and deed for the purposes of expressing their approval. In the circumstance 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 \_\_\_\_\_

State or Commonwealth of \_\_\_\_\_

My commission expires:  
\_\_\_\_\_



**EXHIBIT A**

**LEGAL CUSTODY OF THE MINOR CHILD(REN) IS AS FOLLOWS:**

\_\_\_ MOTHER & FATHER SHARE JOINT LEGAL CUSTODY

\_\_\_ MOTHER HAS SOLE LEGAL CUSTODY

\_\_\_ FATHER HAS SOLE LEGAL CUSTODY

\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

**PHYSICAL CUSTODY OF THE MINOR CHILD(REN) IS AS FOLLOWS:**

\_\_\_ MOTHER & FATHER SHARE JOINT PHYSICAL CUSTODY

\_\_\_ MOTHER HAS SOLE PHYSICAL CUSTODY

\_\_\_ FATHER HAS SOLE PHYSICAL CUSTODY

\_\_\_ OTHER (SPECIFY) \_\_\_\_\_

**STATE IN WHICH CURRENT CHILD CUSTODY ORDER HAS BEEN ENTERED:**

\_\_\_\_\_

**STATE WITH "HOME STATE JURISDICTION" OVER MINOR CHILDREN:**

\_\_\_\_\_

**COUNTRY OF HABITUAL RESIDENCE OF THE MINOR CHILDREN:**

\_\_\_\_\_