

**PARENTAL/GUARDIAN APPROVAL FOR  
MINOR TO TRAVEL AND MEDICAL AUTHORIZATION**

IN WITNESS WHEREOF AND BY SIGNING BELOW, I APPROVE TRAVEL FOR MY CHILD AS FOLLOWS:

NAME \_\_\_\_\_  
(Child(ren)'s Name)

AGED \_\_\_\_\_  
(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 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 \_\_\_\_\_

