

**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 signer(s), and it is their free act and deed for the purpose 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 swears 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 _____

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My commission expires _____



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Shannon Aitken



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