

AUTHORIZATION FOR CHILD TO TRAVEL

To whom it may concern:

The undersigned parent(s) authorize my/our child, _____, whose birth date is _____, and whose passport number is _____, to travel with _____ to _____ from _____, 20____ until _____, 20____.

I/we affirm that I/we have full legal rights and/or custody of said child and that there are no custody disputes pending in any court.

I/we authorize _____ to make any and all necessary decisions regarding medical care.

Parent's name _____

Address _____

City, state, zip _____

Day phone _____

Evening phone _____

Cell phone _____

Pager _____

Parent's name _____

Address _____

City, state, zip _____

Day phone _____

Evening phone _____

Cell phone _____

Pager _____

Signature

Signature

(Typed Name of Acknowledger)

NOTARY PUBLIC

Commission Number: _____

My Commission Expires: