

CONSENT FOR TRAVEL

Date: _____

I (we): _____
authorize my/our minor child(ren): _____
to travel with: _____

Travel Destination: _____

Travel Departure Date: _____ Airline/Flight Number: _____

Expected Return Date: _____ Airline/Flight Number: _____

I (we) authorize: _____ to consent to any necessary routine or emergency
medical treatment during the trip.

Signed: _____
(Parent)

Signed: _____
(Parent)

Address: _____

Telephone: _____

Sworn to and signed before me, a Notary Public,
This _____ day of _____, 20____

Notary Public Signature and Seal