Date: [DATE OF WRITING]

I/we [YOUR NAME] give consent for my/our minor child(ren) [CHILD OR CHILDREN’S FULL NAMES] to travel to [NAMES OF ALL COUNTRIES TO BE VISITED] with [FULL NAME(S) OF ADULT TRAVEL COMPANION(S)] from [DATE OF DEPARTURE] to [DATE OF RETURN] aboard:

[LIST ALL AIRLINES AND FLIGHT NUMBERS, CRUISE LINES, TRAIN NUMBERS, OR STATE “BY AUTOMOBILE”].

In addition, I/we give permission to [NAMED ADULT TRAVEL COMPANION(S)] to authorize any necessary routine or emergency medical treatment for our child(ren) during this trip.

If needed, I/we may be contacted at:

[YOUR PHONE NUMBER(S)]

[YOUR ADDRESS]

[YOUR PRINTED NAME(S)]

[YOUR SIGNED NAME(S)]

Notary’s printed name:

Notary’s signature and seal: