

## LETTER OF CONSENT FOR TRAVEL OF A MINOR CHILD

To Whom It May Concern: I/We, \_\_ (Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(s)) am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) of the following minors: Child's full name **Date of Birth** Place of Birth **Passport Number Passport Expiry Date** Child's full name Place of Birth **Date of Birth Passport Number Passport Expiry Date** These minors have my/our consent to travel with: Name of accompanying person **Passport Number Passport Expiry Date Destination** To (date) From (date) During this time, if there is a medical emergency, we/I also authorize medical treatment for these minors. Should there be any questions, please use the following contact details: Name of non-accompanying guardian Street address and apartment # City State Zip **Cell Phone Email** \_\_\_\_ Date: \_\_\_\_ Signature: \_\_\_\_ (Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian) Full Name: Signature:

(Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian) Full Name: \_\_\_\_\_ This \_\_\_\_\_ at \_\_\_\_ Signature: