

----- BOTH PARENTS -----

1. PERMISSION - MINOR TRAVEL

We, the undersigned parents of _____ Date of birth _____ Passport Number _____ do hereby give permission for said minor child to travel to the country of _____ (including any necessary countries in transit for appropriate connections) for the period _____ to _____ 200__ (including a brief extension of time if necessary to accommodate unforeseen travel conditions) in the company of _____ Passport Number _____.

We further designate and appoint _____ as the temporary guardian and person responsible and authorized to make all decisions, including consent to medical treatment, as deemed necessary and appropriate in the best interest of our child during the above time period. We further give authority to the aforementioned accompanying adult to secure immediate medical treatment for our child in the event of accident or illness.

If the above named person is unable or unwilling to act,

we appoint as alternate guardian _____ Passport Number _____ .

MOTHER: (Print) _____ FATHER: (Print) _____

Signature _____ Signature _____

(This portion to be completed by Notary)

STATE OF _____

COUNTY OF _____

Sworn to before me and subscribed in my presence

this ____ day of _____, _____

NOTARY PUBLIC

(SEAL)

EXPIRATION DATE

----- single parent form -----

PERMISSION - MINOR TRAVEL

As parent / legal guardian of _____ date of birth ____ ____ Passport
Number _____ I hereby give permission for said minor child to travel to the country of _____
(including any necessary countries in transit for appropriate connections) for the period of

_____ through _____ 200__ (including a brief extension of time if necessary to accommodate
unforeseen travel conditions) in the company of _____ Passport Number _____.

I further designate and appoint _____ as the temporary guardian and person responsible and
authorized to make all decisions, including consent to medical treatment, as deemed necessary and appropriate in the
best interest of our child during the above time period. I further give authority to the aforementioned accompanying
adult to secure immediate medical treatment for this child in the event of accident or illness.

If the above named person is unable or unwilling to act, I appoint as alternate guardian _____
Passport Number _____

PARENT OR GUARDIAN: (Print) _____

Signature: _____

(This portion to be completed by Notary)

STATE OF _____

COUNTY OF _____

Sworn to before me and subscribed in my presence

this ____ day of _____, _____

NOTARY PUBLIC

(SEAL)

EXPIRATION DATE