

**AFFIDAVIT OF PARENTAL CONSENT**  
**For Minor Child to Travel Outside the United States**  
**With One Birth Parent Traveling and One Not**

I, \_\_\_\_\_,  
Parents/Guardians First Name                      Middle                      Last                      relationship to the minor

do hereby authorize

\_\_\_\_\_ of said minor child to travel as a  
First Name                      Middle                      Last                      relationship to the minor

guardian of: \_\_\_\_\_ Age \_\_\_\_\_ to the following country without me.  
Minor's First Name                      Middle                      Last (same as is on legal documentation)

Country \_\_\_\_\_  
FROM: Day \_\_\_\_\_/Month \_\_\_\_\_/Year \_\_\_\_\_  
TO: Day \_\_\_\_\_/Month \_\_\_\_\_/Year \_\_\_\_\_

I/We \_\_\_\_ HAVE; \_\_\_\_ DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and the I/We \_\_\_\_ AUTHORIZE; \_\_\_\_ DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Emergency contact information MUST be completed

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Alternate Name & Phone: \_\_\_\_\_

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**To be signed in front of a Notary Public only**

\_\_\_\_\_  
Parent/Guardian Signature of non-traveling parent/guardian                      Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_, and the State of \_\_\_\_\_

My commission Expires: \_\_\_\_\_

*Affix Notary Seal at the right side of page*