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Equipping People to Reach & Teach KidZ

Permission to Transport & Treat a Minor

This page must be completed by the parent(s)/legal guardian(s) of any team member under the age of 18 who will be traveling outside of his/her country of citizenship. Both parents (if living) must sign in front of a notary and submit the original document to KidZ at Heart International's HR Department at the above address.

I. IDENTIFICATION OF MINOR

1. Minor's Full Legal Name (As Shown on Passport): _____
2. Citizenship: _____ 3. Passport #: _____ 4. Place of Issue: _____
5. Date of Issue: _____ 6. Expiration Date: _____ 7. Date of Birth: _____

II. ADULT TRAVELER RESPONSIBLE FOR MINOR DURING TRIP

6. Adult's Name: _____ 7. Passport #: _____
8. Place of Issue: _____ 9. Date of Issue: _____ 10. Exp Date: _____

III. TRAVEL DATES/DESTINATIONS

11. Date of Departure from Country of Origin: _____ 12. Date of Return: _____
13. List countries minor will visit (include country of origin and any visits for transit/connections):

IV. PARENT/LEGAL GUARDIAN AUTHORIZATION

Please list information for all adults legally responsible for child:

14. Father's/Guardian's Name: _____ 15. Phone: _____
16. Address: _____ City: _____ St/Prov: _____ Code: _____
17. Mother's/Guardian's Name: _____ 18. Phone: _____
19. Address: _____ City: _____ St/Prov: _____ Code: _____
20. Parent is deceased (indicate which, if any, by marking box): ☐ Father ☐ Mother ☐ Both
21. Parent is living but does not have custody of minor: ☐ Father ☐ Mother ☐ Both

Name of Minor: _____ Date of Departure: _____

22. I/we, the undersigned parents(s)/legal guardian(s) of the minor listed above, do hereby give permission to the representative(s) of KidZ at Heart listed above to take our son/daughter out of his/her home country of (check one): ☐ United States ☐ Canada ☐ Other: _____ and into the country or countries listed above during the dates noted. We furthermore give KidZ at Heart and its representatives permission to obtain medical treatment for my son/daughter in the event that it is required during this trip. I agree to pay for or reimburse KidZ at Heart for all charges for this care and to not hold KidZ at Heart or its agents liable for any course of treatment pursued in good faith on behalf of my child.

Father's/Guardian's Signature: _____ Date: _____

WITNESS OF A NOTARY PUBLIC:**FOR NOTARY USE ONLY**

This instrument was acknowledged before me this _____ day of _____, 20____ by _____
(Parent/Guardian)

Notary Public

Mother's/Guardian's Signature: _____ Date: _____

WITNESS OF A NOTARY PUBLIC:**FOR NOTARY USE ONLY**

This instrument was acknowledged before me this _____ day of _____, 20____ by _____
(Parent/Guardian)

Notary Public