PARENT/GUARDIAN CONSENT FORM FOR MINORS

Name of child:	Chil	d's birth date:
Ship/Tour/Property:	Dep	parture date:
Number of days to travel:	Ret	urn date:
Name of parent or guardian:	Pho	ne number:
Please list the countries the minor will visit o	during his or her travel:	
I/We hereby give my permission for the abo conditions for our minor to travel.	ve named minor to travel. I/w	e understand and accept the
I/We hereby designatewhose relationship to the child istravel.		
Furthermore, should my child require routing authorize the above named person to make medical treatment that my child may require	any and all necessary paren	
Signature of Parent or Guardian:		Date:
Signature of Chaperone:		Date:
Name of Notary:		
Signature of Notary:		Date:
Please stamp notary seal above		
I Ficase starrip riotally seal above		