

AFFIDAVIT OF PARENTAL CONSENT For Travel Of A Minor Child Without Both Birth Parents Traveling

FORM # 1 - BOTH BIRTH PARENTS ARE ALIVE • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

_____ [b] Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without _____: [g]

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [] HAVE; [] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment and that 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:

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Alternate Name & Phone: _____

Signature: _____

(Signature Of Non-Traveling Birth Parent(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200__

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

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FORM # 2 - ONE BIRTH PARENT IS DECEASED • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

_____ [b] And Surviving Birth Parent Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without Me:

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment and that 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:

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Alternate Name & Phone: _____

Signature: _____

(Signature Of Surviving Non-Traveling Birth Parent • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200__

Signature Of Notary Public: _____

Notary Public in and for the County of _____, And the State Of _____.

My Commission Expires: _____

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AFFIDAVIT OF PARENTAL CONSENT For Travel Of A Minor Child Without Both Birth Parents Traveling

FORM # 3 - GUARDIAN FOR MINOR CHILD • PLEASE TYPE OR PRINT CLEARLY!

I, _____ [a]

The Legal Guardian Of Said Minor Child, Do Hereby Authorize

_____ [c]

_____ [d] Of Said Minor Child To Travel As A Guardian Of

_____ [e], Age: _____ [f]

To The Following Countries Without _____: [g]

_____ [h]

_____ [h]

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

[k] I/We [] HAVE; [] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment and that 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:

Name: _____

Address: _____

City / State / Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Alternate Name & Phone: _____

Signature: _____

(Signature Of Non-Traveling Legal Guardian(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, 200__

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