

AFFIDAVIT OF PARENTAL CONSENT
For Travel Outside the United States Of A Minor Child
Without Both Birth Parents Traveling

I, _____ and
Parents/Guardians First Name Middle Last relationship to the minor
_____, do hereby authorize
Parents/Guardians First Name Middle Last relationship to the minor
_____, of said minor child to travel as a
First Name Middle Last relationship to the minor
guardian of: _____ Age _____ to the following country without us.
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: _____

To be signed in front of a Notary Public only

Parent/Guardian Signature Date Parent/Guardian Signature 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