

# AFFIDAVIT OF PARENTAL CONSENT

## For Travel Outside The United States 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 outside the United States; 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

