Child Travel Consent Form

(To be filled by parents or legal guardian)

# I/We (the parents / legal guardians), \_ \_, am/are the lawful custodial parent(s) and/or non- custodial parent(s) or legal guardian(s) of the child/children mentioned underneath;

1. Full Name: \_ \_ \_\_\_\_\_\_\_

Date of Birth: \_ /\_ \_/ \_

Place of Birth: \_

Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Country of Issuance: \_ \_
  + Date Issuance: \_ / \_/\_
  + Date of Expiration: \_/\_ / \_

1. Full Name: \_ \_ \_\_\_\_\_

Date of Birth: \_ /\_ \_/ \_

Place of Birth: \_

Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Country of Issuance: \_ \_
  + Date Issuance: \_ / \_/\_
  + Date of Expiration: \_/\_ / \_

1. Full Name: \_ \_

Date of Birth: \_ /\_ \_/ \_

Place of Birth: \_

Passport Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + Country of Issuance: \_ \_
  + Date Issuance: \_ / \_/\_
  + Date of Expiration: \_/\_ / \_

Being the **parent/guardian** of the child/children, I/we would like to authorized the travel of my child/children under the following terms;

* - I authorize my child/children to travel alone.
* - I authorize the following person as guardian/s to travel with my child/children:
  + Individual/Organization Name: \_ \_
  + Relationship to Child (if applicable): \_ \_
  + U.S. or Foreign Passport Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Moreover, I/we authorize child/children to travel to the following cities/countries during the period as mentioned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ending on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;

1. \_\_ \_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_
4. \_\_\_\_\_\_\_\_\_\_\_\_

**Undertaking is Signed by:**

**Parent Signature:** \_\_\_\_\_\_\_\_\_\_\_\_

**Name of Parent/s:** \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_ \_\_\_\_\_\_\_\_\_\_\_\_

**Legal Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_

**Name of Legal Guardian/s:** \_\_\_\_\_\_\_\_\_\_\_\_

Date: \_