



PARENTAL/GUARDIAN APPROVAL FOR MINOR TO TRAVEL AND MEDICAL AUTHORIZATION

IN WITNESS WHEREOF AND BY SIGNING BELOW, I HEREBY APPROVE TRAVEL FOR MY CHILD AS FOLLOWS:

NAME OF MINOR CHILD: _____

DATE OF BIRTH: _____

TRAVELING TO: _____ FROM: _____, 20__ - _____, 20__

WITH (relation): _____ (_____)

I ALSO AUTHORIZE THE TRAVELING ADULT TO OBTAIN ANY NECESSARY MEDICAL TREATMENT BY A LICENSED PHYSICIAN/HOSPITAL/PHARMACY/RESCUE SQUAE/AMBULANCE COMPANY/MEDICAL AIR EVACUATION COMPANY OR ANY OTHER MEDICAL FACILITY.

IN THE EVENT THAT THE TRAVELING ADULT IS INCAPACITATED AND CANNOT GIVE AUTHORIZATION FOR TREATMENT, I AUTHORIZE A LICENSED PHYSICIAN/HOSPITAL/PHARMACY/RESCUE SQUAE/AMBULANCE COMPANY/MEDICAL AIR EVACUATION COMPANY TO GIVE MY CHILD ANY NECESSARY MEDICAL TREATMENT. I CAN BE REACHED AT _____.

HOWEVER, I DO WANT TREATMENT TO COMMENCE PRIOR TO MY BEING CONTACTED IF MY CHILD IS IN PAIN OR THE CONDITION IS LIFE THREATENING.

SIGNATURE:

LEGAL NON-TRAVELING GUARDIAN – PRINTED NAME: _____

SIGNATURE: _____

DATE: _____

I HEREBY CERTIFY THAT _____ (LEGAL NON-TRAVELING GUARDIAN) PERSONALLY APPEARED BEFORE ME AND EXECUTED THIS DOCUMENT GIVING PERMISSION FOR THE CHILD NAMED ABOVE TO TRAVEL OUT OF THE UNITED STATES OF AMERICA WITH THE TRAVELING ADULT NAMED ABOVE. THIS DOCUMENT ALSO INCLUDES AUTHORIZATION OF MEDICAL TREATMENT FOR THE CHILD IF NECESSARY. I ATTEST THAT THIS INSTRUMENT IS EXECUTED WILLINGLY AND VOLUNTARILY, WITHOUT BEING COERCED, BY THE ABOVE SIGNOR, AND IT IS THEIR FREE ACT AND DEED FOR THE PURPOSES OF EXPRESSING THEIR APPROVAL.

Date _____

Notary Public Signature _____

County of _____

State or Commonwealth of _____

My Commission Expires _____