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CHILD TRAVEL CONSENT

CHILD'S FULL NAME | DATE OF BIRTH | PASSPORT NO.

I / we, the parent(s) or legal guardian(s) named below, give permission for the child named above to travel as described in this letter.

TRAVELING WITH (NAME AND RELATIONSHIP) | THEIR PASSPORT NO.

DESTINATION(S) | LEAVING | RETURNING

FLIGHTS / TRAVEL DETAILS AND WHERE THE CHILD WILL STAY

Parent(s) or guardian(s) giving consent

Name	Address	Phone	Email

I / we also authorize the adult named above to consent to emergency medical treatment for the child if I / we cannot be reached. I / we can be contacted at any time during the trip to confirm this consent. A copy of my / our ID is attached.

Signature of parent / guardian | Date

Signature of parent / guardian | Date

NOTARY OR WITNESS (IF REQUIRED)