

Consent to Travel with Minor

I, , am the of (child's full name),
born on (date of birth).

I hereby give my consent for my child to travel with (adult's full name) to
 (destination) from (start date) to (end date).

Contact information where I can be reached during the trip:

Phone:

Email:

☐ I authorize emergency medical treatment for my child if necessary.

Signed: Date:

Witness: Date: