

# Minor Travel Authorization Agreement

I, , am the legal parent/guardian of , born on .

I hereby grant permission for my minor child to travel with  to  from  to .

## Parent/Guardian Details

Name:   
Relationship to Minor:   
Contact Number:

## Emergency Contact

Name:   
Contact Number:

By signing below, I affirm that the above information is accurate and authorize the named individual(s) to travel with my minor child as described.

Parent/Guardian Signature:   
Date: