Child Travel Consent Form

Travel Details

I, the undersigned parent or legal guardian, give my consent for the child or children named on this form (the "Child") to travel as described below. is organizing or supervising this travel, or is keeping this consent on file for the trip.

- Destination(s): [city, state or country]
- Departure date: [date]
- Return date: [date]
- Travel by: [airline and flight numbers, train, bus, car or cruise]
- Purpose of travel: [vacation, school trip, sports tournament, family visit]
- Address where the Child will stay: [address and phone number]

Accompanying Adult

The Child will travel with: [full name of accompanying adult or group leader], relationship to the Child: [relationship], phone: [phone number], passport or ID number: [number].

If the Child is traveling as an unaccompanied minor, I confirm that I have arranged the trip under the carrier's unaccompanied minor program and that the persons meeting the Child at departure and arrival are: [names and phone numbers].

Parent or Guardian Contact

During the trip I can be reached at the phone number and email address given on this form. If I cannot be reached, please contact: [name and phone number of a second contact].

Consent and Authority

I give permission for the Child to travel on the dates and to the places listed above. During the trip, I authorize the accompanying adult, and the staff of if it is organizing the trip, to:

- make day-to-day decisions about the Child's care, activities and supervision;
- present this consent to airline, border, immigration and law enforcement officials;
- change travel arrangements if needed for the Child's safety, for example because of a cancelled flight or bad weather; and
- contact me or my second contact about any concern.

This consent does not transfer custody and does not give anyone authority to change the Child's residence, school or legal status.

Medical Care

If the Child becomes ill or injured during the trip and I cannot be reached promptly, I authorize the accompanying adult to seek medical care and to consent to examination, treatment, medication and emergency procedures recommended by a licensed medical provider. I agree to be responsible for the reasonable cost of that care. I have listed any allergies, medical conditions and medications the Child has, and I have given the accompanying adult a copy of the Child's insurance details.

Documents

I understand that the Child must carry the travel documents required by the airline and by every country on the route, such as a valid passport, visa, birth certificate or national ID card, and that some countries require additional or notarized forms. I am responsible for checking those requirements. is not responsible if travel is refused because documents are missing or incomplete.

My Authority to Consent

I confirm that I am the Child's parent or legal guardian, that I have the legal right to give this consent, and that no court order prevents the Child from traveling as described. If another parent or guardian shares custody, I confirm that they have also consented, or that I have the sole legal right to consent. I understand that officials may ask to see a court order or custody document.

Duration and Withdrawal

This consent is valid for the trip described above and ends on the return date, unless the trip is extended by an unavoidable delay. I may withdraw this consent by notifying and the accompanying adult before the trip begins.

The information on this form is true and complete to the best of my knowledge.

Please initial each statement

___ I am the parent or legal guardian of the child named on this form and have the legal right to consent to this travel.

___ I give permission for the child to travel on the dates, to the destinations and with the adult described.

___ I authorize the accompanying adult to seek emergency medical care for the child if I cannot be reached.

___ I understand that I am responsible for the child's passport, visa and other travel documents.

_____
Participant full name

_____
Date

_____
Phone

_____
Email

_____
Name(s) of minor participant(s)

_____
Parent / guardian name

_____
Signature