

CHILD TRAVEL CONSENT FORM

Location: _____ Date: _____

Parent/Legal Guardian Information:

Full Name: _____

Relationship to Child: _____

Address: _____

Phone Number: _____

Email Address: _____

Child Information:

Full Name: _____

Date of Birth: _____

Passport Number (if applicable): _____

Travel Information:

Destination(s): _____

Travel Dates (From - To): _____

Accompanying Adult(s) (Full Name and Relationship): _____

Consent Statements:

I/We, the undersigned, am/are the parent(s) or legal guardian(s) of the above-named child and hereby grant permission for the child to travel as described above. I/We authorize the accompanying adult(s) to make medical decisions and take all necessary actions to ensure the safety and wellbeing of the child during travel. I/We affirm that the child has the legal right to travel and that no other consents are needed. This consent is given freely and voluntarily, with full understanding of its legal effect.

Medical Information and Authorization:

Child's Known Allergies, Medical Conditions, and Medications (if any): _____

In case of medical emergency, I/We authorize the accompanying adult(s) to consent to medical treatment for the child including hospitalization, surgery, and medication as deemed necessary by a licensed healthcare provider.

Legal and General Provisions:

1. This document shall be governed by the laws of the United States of America.
2. This consent form may be revoked at any time by providing written notice to all parties involved prior to the travel.
3. Copies of this consent form are considered as valid as the original.
4. The undersigned certifies that they have legal authority to grant this consent.

5. The undersigned releases and holds harmless the accompanying adult(s) and all related parties from any liability arising from the c

Signatures:

Parent/Legal Guardian Signature: _____

Printed Name: _____

Date Signed: _____

Witness (if required) Signature: _____

Printed Name: _____

Date Signed: _____

Notary Public Acknowledgment:

State of _____

County of _____

On this ____ day of _____, before me, the undersigned Notary Public, personally appeared _____

I certify under PENALTY OF PERJURY under the laws of the State of _____ that the foregoing paragraph is true and

WITNESS my hand and official seal.

Parent/Legal Guardian Signature

Witness Signature

Signature: _____

Signature: _____

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