

## Minor Travel Consent Form

**By signing below, I/We \_\_\_\_\_ am/are the lawful custodial parent and/or non-custodial parent(s) or legal guardian(s) and I approve travel for my minor child as follows:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

U.S Passport Number: \_\_\_\_\_

Date and Place of Issuance of U.S. Passport: \_\_\_\_\_

**The child will travel to the following location on the following dates:**

Traveling to and Staying At/Sailing on: \_\_\_\_\_

From (Dates): \_\_\_\_\_

Address: \_\_\_\_\_

Departing Flight No.: \_\_\_\_\_

Return Flight No.: \_\_\_\_\_

**The following named adult will accompany my child:**

With: \_\_\_\_\_

Relation: \_\_\_\_\_

U.S. or foreign passport number: \_\_\_\_\_

Date and Place of issuance of this passport: \_\_\_\_\_

**In the event of an emergency, I can be reached at:**

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

**In addition, I authorize the traveling adult, \_\_\_\_\_, to consent to any necessary routine or emergency medical treatment during the aforementioned trip.**

Signature: \_\_\_\_\_

(Name) \_\_\_\_\_

(relation) \_\_\_\_\_

Signature: \_\_\_\_\_ (if applicable)

(Name) \_\_\_\_\_

(relation) \_\_\_\_\_

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_

On \_\_\_\_\_, before me, \_\_\_\_\_, personally appeared, \_\_\_\_\_, who personally known to me or proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her authorized capacity(ies), and that by his/her signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal

\_\_\_\_\_

(notary signature)