

PARENTAL CONSENT TO TRAVEL FORM

To Whom It May Concern:

I/We, the undersigned, am/are the lawful parent(s) or legal guardian(s) of:

Full Name of Child: _____

Date of Birth: _____

Passport Number (if applicable): _____

I/We hereby give my/our consent for the above-named child to travel:

Traveling with (Name of Accompanying Adult, if applicable):

Relationship to Child: _____

Destination(s): _____

Travel Dates: From _____ to _____

Purpose of Trip: _____

Additional Information (e.g., flight details, hotel information, etc.):

In case of emergency, I/we can be reached at:

Phone Number: _____

Email: _____

Should medical treatment be necessary during this trip, I/we hereby authorize the accompanying adult or responsible party to make medical decisions on behalf of the child.

Parent/Guardian 1 Name: _____

Signature: _____

Date: _____

Parent/Guardian 2 Name: _____

Signature: _____

Date: _____

NOTARIZATION:

Commonwealth of Massachusetts

County of _____

Subscribed, sworn to and acknowledged before me the said _____ who appeared personally before me this _____ day of _____, 20____, whose identity was satisfactorily proved to me based upon _____, and who acknowledged the foregoing instrument to be signed voluntarily as his/her/their free act and deed for the purposes herein expressed,

Notary Public Signature: _____

Printed Name: _____

Commission Expires: _____