

CONSENT FOR MINOR CHILDREN TO TRAVEL

Date:					
I(we):					
authorize my/our minor child(ren):					
to travel to:				on:	
aboard Airline/Flight Number:					
and/ or Cruise Ship:					
with:					
Their expected date of return is					
In addition, I/(we) authorize: or emergency medical treatment during the			to consent	to any	necessary routing
Signed:	(Parent)	Signed:			(Parent)
Address:					
Telephone:					
Sworn to and signed before me, a Notary Puthis day of, 20	ublic,				
Notary Public Signature and Seal					