

# International Travel Consent Form



## Trip Details

Who will accompany the child in travelling

☐

None - Child will be alone

☐

with Friends

☐

with Relative

☐

with Parent

☐

with Guardian

Travel Duration

Start Date

End Date

Purpose of the Trip

☐ Vacation

☐ Visiting Family/Relatives

☐ School Trip

Destination Country

Please Select

## Child Information

Name

First Name

Last Name

Age

Date of Birth

MM-DD-YYYY

Date

Phone Number

(000) 000-0000

Email

example@example.com

Address

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

## Parent/Guardian Information

Parent/Guardian 1

First Name

Last Name

Phone Number

(000) 000-0000

Parent/Guardian 2

First Name

Last Name

Phone Number

(000) 000-0000

## Consent Agreement

I acknowledge that I am the parent/guardian of the child mentioned above.

I/We, (   /   ) give my/our consent for my/our child to travel ( ) to ( ).

In case of emergency, please contact the parents with the following information:

Parent/Guardian Name:

Phone Number:

Parent/Guardian Name:

Phone Number:

Signature of Parent/Guardian who gave the consent

Sign Here

Clear

Date Signed

MM-DD-YYYY

Date

Submit