

Minor(child) Travel Consent

I. The Parent(s)

I/We _____ am/are the lawful custodial parent(s) and /or non-custodial parent(s) of legal guardian(s) of

II. The Minor

Full Name: _____

Date of Birth: _____ Place of Birth: _____

Passport Number: _____ Country of Issuance: _____

Date Issuance: _____ Date Expiration: _____

III. Traveling Alone/ Accompanying Person

____ I authorize my child to travel alone

__I authorize my child to travel with the following individual/Organization

Individual / Organization Name: _____

Relation to Child (If any): _____

Passport Number: _____ Country of Issuance: _____

Date Issuance: _____ Date Expiration: _____

IV. Itinerary

I authorize my child to travel to the following location _____ during the period beginning on _____ and ending on _____

V. Contact Info

If you have any question, feel free to contact at

Cell Phone: _____

Email: _____

Address: _____

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VI. Signature(s)

Parent/Legal Guardian: _____

Date: _____

Full Name: _____

Parent/Legal Guardian: _____

Date: _____

Full Name: _____

State of OHIO

County of _____

Sworn to and subscribed before me this _____ by _____
_____ who proved by satisfactory evidence to be the person
appearing before me, and that he/she executed the instrument as his/her free act and deed.

WITNESS my hand and Official seal

Notary Public