singleparent travel

INSTRUCTIONS FOR PARENTAL/GUARDIAN APPROVAL FOR MINOR TO TRAVEL AND MEDICAL AUTHORIZATION

If one legal parent is traveling outside the United States with a minor child, this form should be signed by the legal parent that is **not** traveling.

If a minor child is traveling outside the United States with someone other than either legal parent, **BOTH** legal parents should sign this form.

If one or both legal parents are deceased, a certified death certificate should be attached to this form. If one of the legal parent's whereabouts is unknown, a separate affidavit stating such is suggested.

Note: Most countries do not require these forms, but we feel that it is in the best interest of the traveling parent, the absent parent, and child to have the information available to authorities. In any case, the medical instructions are a good idea. It is the traveler's ultimate responsibility to verify entry and exit requirements of all destinations. This is not to be construed as legal advice and is only to be considered a best practice.

PARENTAL/GUARDIAN APPROVAL FOR MINOR TO TRAVEL AND MEDICAL AUTHORIZATION

IN WITNESS WHEREOF AND BY SIGNING BELOW, I APPROVE TRAVEL FOR MY CHILD AS FOLLOWS:	
NAME	
(Child(ren)'s N	Name)
AGED	
(Child(ren)'s	Age)
TRAVELING TO	
(Destination or	Type of Travel)
FROM	ТО
(Departure Date)	(Return Date)
WITH	
(Traveling Adul	lt's Full Name)
I ALSO AUTHORIZE THE TRAVELING ADULT TO OBTAIN A LICENSED PHYSICIAN/ HOSPITAL/PHARMACY/ RESCUES EVACUATION COMPANY.	
IN THE EVENT THE TRAVELING ADULT IS INCAPACITATE TREATMENT, I AUTHORIZE A LICENSED PHYSICIAN/ HOS COMPANY /MEDICAL AIR EVACUATION COMPANY TO GITEATMENT. I CAN BE REACHED AT	SPITAL/ PHARMACY/ RESCUE SQUAD, AMBULANCE VE MY CHILD(REN) ANY NECESSARY MEDICAL
HOWEVER, I DO WANT TREATMENT TO COMMENCE PRI PAIN OR THE CONDITION IS LIFE THREATENING.	
SIGNATURES: Legal Mother Printed Name	Signatura
Legal Father Printed Name	Signature
Legal Guardian Printed Name	
	_ and/or (Legal Mother, Father or Guardian)
(Legal Mother, Father or Guardian)	(Legal Mother, Father or Guardian)
personally appeared before me and executed this document giving permissio America with the Traveling Adult named above. This document also includes this instrument is executed willingly and voluntarily, without being coerced, by expressing their approval. In the circumstance of one parent or both parents that the surviving parent or legal guardian swore to the accuracy of the death my presence.	s authorization of medical treatment for the child if necessary. I attest that the above signor(s), and it is their free act and deed for the purposes of being deceased or that the legal parents do not have child custody, I attest
Date	- MMM
Notary Public Signature	
County of	2
State or Commonwealth of	- Z, , S
My commission expires	