

Minor Travel Guardianship Authorization

Minor Details

Full Name

Date of Birth

Passport/ID Number

Parent/Legal Guardian Details

Full Name

Relationship to Minor

Contact Number

Email Address

Address

Appointed Guardian for Travel

Full Name

Relationship to Minor

Contact Number

Email Address

Address

Travel Details

Departure Date

Return Date

From (City, Country)

To (City, Country)

Purpose of Travel

Authorization

I hereby authorize the appointed guardian named above to travel with and care for my child during the dates and for the duration stated. This includes emergency medical decisions and necessary travel arrangements.

Date

Place

Parent/Legal Guardian Signature