

Emergency Travel Consent for Minors

Minor's Information

Full Name

Date of Birth

Passport Number

Parent/Guardian Information

Full Name

Relationship to Minor

Contact Number

Address

Travel Details

Destination(s)

Departure Date

Return Date

Traveling With (Name and Relationship if applicable)

Medical Information

Relevant Medical Information / Allergies / Special Instructions

Emergency Contact While Traveling

Name

Phone Number

Consent Statement

I hereby give permission for the above-named minor to travel as specified, and authorize emergency medical treatment as deemed necessary. I affirm that all information provided above is accurate to the best of my knowledge.

Date

Signature of Parent/Legal Guardian