

Grandparent Travel Authorization for Minor

Minor Information

Full Name

Date of Birth

Passport/ID Number

Parent(s)/Legal Guardian(s) Information

Full Name(s)

Relationship to Minor

Contact Number

Email Address

Address

Grandparent(s) Accompanying Minor

Full Name(s)

Relationship to Minor

Contact Number

Travel Details

Destination(s)

Purpose of Travel

Travel Start Date

Travel End Date

Additional Information

Medical Information

Allergies/Medications/Other Notes

Authorization & Consent

I/we, the undersigned parent(s) or legal guardian(s), authorize the above-named grandparent(s) to travel with my/our child as detailed above and to secure any necessary medical treatment for the minor during this trip.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date