

Short-Term Travel Guardianship Consent Document

Child's Information

Full Name: _____

Date of Birth: _____

Passport/ID Number: _____

Guardian's Information

Guardian Name: _____

Relationship to Child: _____

Contact Number: _____

Address: _____

Parent/Legal Guardian's Consent

Parent/Legal Guardian Name: _____

Relationship to Child: _____

Contact Number: _____

Address: _____

Travel Information

Destination(s): _____

Departure Date: _____

Return Date: _____

Pertinent Medical Information: _____

Consent Statement

I hereby authorize the above guardian to be responsible for my child listed above for the specified travel period.

Signature of Parent/Legal Guardian: _____

Date: _____

Witness Name: _____

Signature: _____

Date: _____