

International Travel Consent for Minor (Child)

Parental Consent Forms for minor children traveling without both birth parents.

Instructions: In additions to the child's citizenship documentation, a minor child under the age of 18 must have a legal guardian or parental consent form from their birth parents to exit the United States and enter most foreign countries. Parents should complete one of the forms listed below for each minor child (under the age of 18 at the time of travel) to prevent immigration problems when entering or leaving the country.

**Please fill out one of the form choices and the Consent to Treat Minor Children Form.
When both forms are complete, only sign in the presence of a Notary of the Public.**

Form 1: Both birth parents are alive - If both birth parents are alive, and one or both of them will NOT be traveling with minor children, the non-traveling parent(s) must complete the form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country or to allow the minor child to travel on their own with no guardian.

Form 2: One birth parent is deceased - If one birth parent is deceased, and the surviving birth parent WILL be traveling with the minor child(ren) they need only to have in their possession a certified copy of the death certificate of the deceased birth parent and the child's citizenship documentation. However, if the surviving birth parent WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of the death certificate for the other non-living birth parent.

Form 3: Guardian for minor child - If both birth parent is deceased, or you have legal guardianship of minor child(ren) and WILL be traveling with the minor child(ren) you need only have in your possession a certified copy of your guardianship papers and the child's citizenship documentation. However, if the guardian WILL NOT be traveling with their minor child(ren), they must complete this form giving a notarized affidavit of consent to the person traveling with the child(ren) their authorization to take them in and out of the country and attach a certified copy of their guardianship papers to it.

Form 1: Affidavit of Parental Consent for travel outside the United States without both parents (both parents are living)

I, _____
_____ Of Said Minor Child, Do Hereby
Authorize _____
_____ Of Said Minor Child To Travel As A
Guardian Of _____,
Age: _____ To The Following Countries Without _____:

From: Day: _____ / Month: _____ / Year: _____
To: Day: _____ / Month: _____ / Year: _____

I/We [] HAVE; [] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [] AUTHORIZE; [] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____
Address: _____
City / State / Zip: _____
Home Phone: (_____) _____ Work Phone: (_____) _____
Alternate Name & Phone: _____

Signature: _____
(Signature Of Non-Traveling Birth Parent(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, _____
Signature Of Notary Public: _____
Notary Public in and for the County of _____, And the State Of _____.
My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page

Form 2: Affidavit of Parental Consent for travel outside the United States without both parents (one birth parent is deceased)

I, _____
_____ And Surviving Birth Parent Of Said Minor Child, Do
Hereby Authorize _____
_____ Of Said Minor Child To Travel As A
Guardian Of _____,
Age: _____ To The Following Countries Without Me:

From: Day: _____ / Month: _____ / Year: _____
To: Day: _____ / Month: _____ / Year: _____

I/We [] HAVE; [] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [] AUTHORIZE; [] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____
Address: _____
City / State / Zip: _____
Home Phone: (_____) _____ Work Phone: (_____) _____
Alternate Name & Phone: _____

Signature: _____
(Signature Of Surviving Non-Traveling Birth Parent • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____, _____
Signature Of Notary Public: _____
Notary Public in and for the County of _____, And the State Of _____.
My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page

Form 3: Affidavit of Parental Consent for travel outside the United States without both parents (guardian for minor child)

I, _____

The Legal Guardian Of Said Minor Child, Do Hereby Authorize

_____ Of Said Minor Child To Travel As A
Guardian Of _____,

Age: _____ To The Following Countries Without _____:

From: Day: _____ / Month: _____ / Year: _____ [i]

To: Day: _____ / Month: _____ / Year: _____ [j]

I/We [_] HAVE; [_] DO NOT HAVE Major Medical Insurance that will cover this child for medical treatment outside the United States; and that I/We [_] AUTHORIZE; [_] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above if needed. If not, we have provided Emergency Contact Information below:

Name: _____

Address: _____

City/ State / Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Alternate Name & Phone: _____

Signature: _____

(Signature Of Non-Traveling Legal Guardian(s) • To Be Signed In Front Of A Notary Public Only)

Subscribed and sworn to before me this _____ day of _____,

Signature Of Notary Public: _____

Notary Public in and for the County of _____, And the State Of _____.

My Commission Expires: _____

Affix Notary Seal At The Right Side Of Page

Consent To Treat Minor (Child)

I, _____, parent or legal guardian of _____
born _____ (date of birth) do hereby consent to any medical care and the
administration of anesthesia determined by a physician to be necessary for the welfare of my
child while said child is under the care of _____, while traveling in
_____ (city), _____ (state) and I am not reasonably available by
telephone to give consent. This authorization is effective from the _____ (mm/dd/year) to
_____ (mm/dd/year).

Signature of Parent or Legal Guardian

Date

Witness Signature

Witness Name (please print)

This consent form should be taken with the child to the hospital or physician's office when the child is taken for treatment. This additional information will assist in treatment if it can be furnished with the consent but is not required.

Family Address: _____

Parent/Guardian Telephone: _____ Parent/Guardian Telephone: _____

Last Tetanus: _____

Allergies to drugs or foods: _____

Special Medications, Blood Type or Pertinent Information: _____

Child's Physician: _____ Phone: _____

Insurance: _____ Policy # _____

Preferred Hospital: _____