

MINOR CHILD TRAVEL CONSENT AND MEDICAL AUTHORIZATION

Complete in full, sign in front of a notary, and travel with the ORIGINAL. Attach a copy of each signing parent's passport or driver's license. Use when a child under 18 is traveling with only one parent or with an adult who is not a parent or legal guardian.

1. CHILD TRAVELING (use one form per child)

Full legal name		Date of birth	
Place of birth (city, state, country)		Citizenship(s)	
Passport number		Passport expiration	

2. PARENT(S) / LEGAL GUARDIAN(S) GIVING CONSENT

	Parent / Legal Guardian 1	Parent / Legal Guardian 2
Full legal name		
Relationship to child		
Street address, city, state, ZIP		
Mobile phone		
Email		
ID type and last 4 digits (attach copy)		

3. ADULT(S) ACCOMPANYING THE CHILD

Accompanying adult's full legal name	Relationship to child	Date of birth	Mobile phone

Check one: ☐ Child is traveling with one parent/guardian listed above ☐ Child is traveling with the adult(s) listed above, without either parent

4. TRIP DETAILS

Trip departure date:	Trip return date:
Purpose of travel:	Travel agency / advisor (optional):

Destinations and countries visited (list every country, including connections and ports of call):

#	Destination city / country	Arrival date	Departure date
1			
2			
3			
4			
5			

Flights:

Airline	Flight number	Date	From (city/airport) to (city/airport)

Hotels, resorts or other accommodations (name and city): _____

For Cruises (if applicable):

#	Cruise line and ship name	Embarkation date and port	Debarkation date and port	Ports of Call
1				
2				
3				

5. CONSENT TO TRAVEL

I/We, the undersigned parent(s) or legal guardian(s), confirm that I/we have legal custody of or decision-making authority for the child named in Section 1. I/We give full permission for the child to travel with the accompanying adult(s) named in Section 3, to and from the destination(s) and on the dates listed in Section 4. I/We authorize the accompanying adult(s) to present the child to border, immigration, airline and cruise line officials, and to make decisions for the child's care, supervision and safety during the trip.

I/We further authorize the accompanying adult(s) to sign waivers, release forms and registration documents on the child's behalf for youth programs, shore excursions and onboard or resort activities, and to act as the responsible adult for age, curfew and cabin policies.

6. MEDICAL AUTHORIZATION

I/We authorize the accompanying adult(s) named in Section 3 to consent to any emergency or necessary medical, surgical, dental or hospital care, including anesthesia, x-rays, diagnostic testing and prescribed medication, that a licensed physician, dentist or ship's medical officer recommends for the child during the trip. I/We authorize medical providers to share the child's health information with the accompanying adult(s) as needed for treatment. Reasonable efforts should be made to contact me/us, but treatment should not be delayed if I/we cannot be reached. I/We accept financial responsibility for this care.

Medical information (optional but strongly recommended):

Allergies (medication, food, insect, latex) and reaction	
Medical conditions, diagnoses or special needs	
Surgeries, devices or recent hospital stays	
Immunizations up to date?	☐ Yes ☐ No If no, explain:

Current medications (prescription and over-the-counter, including inhalers and EpiPens):

Medication name	Dose	How often / what time	Reason taken

Insurance and care contacts:

Health insurance company		Member / group ID	
Insurance phone		Pediatrician name	
Pediatrician phone		Preferred pharmacy	

Travel Insurance policy:

Travel insurance company		Policy Number	
Insurance phone		Primary Medical Coverage?	☐ Yes ☐ No

Special instructions (religious, cultural or treatment preferences): _____

7. EFFECTIVE DATES, REVOCATION AND ATTACHMENTS

This authorization is valid from _____ through _____, covering travel time to and from the destination and any unexpected delays. I/We may revoke it at any time in writing. Photocopies are valid for medical purposes; the original should be carried for travel.

Attached: ☐ Copy of Parent 1 ID ☐ Copy of Parent 2 ID ☐ Child's birth certificate ☐ Custody or guardianship order ☐ Death certificate of other parent ☐ Name-change document

8. SIGNATURES OF PARENT(S) / LEGAL GUARDIAN(S)

Both parents or legal guardians should sign. If only one signs, check the reason and attach proof:

☐ Sole legal custody (court order attached) ☐ Other parent is deceased (death certificate attached) ☐ Only one parent is listed on the birth certificate ☐ Other: _____

Parent / Legal Guardian 1

Signature: _____ Date: _____

Printed name: _____ Phone: _____

Parent / Legal Guardian 2

Signature: _____ Date: _____

Printed name: _____ Phone: _____

9. NOTARY ACKNOWLEDGMENT

To be completed by the Notary Public only. If your state requires different wording, the notary may attach a state-specific certificate.

State of _____ County of _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization, this _____ day of _____, 20____, by _____ and

_____ (name(s) of person(s) acknowledging), who ☐ are personally known to me or ☐ have produced _____ as identification.

Signature of Notary Public

Printed, typed or stamped name of Notary Public

My commission expires: _____

Commission number: _____

(Notary Seal)

This form is provided by Opulent Revelry Travel, LLC as a convenience and is not legal advice. Requirements vary by country, airline, cruise line and custody arrangement, and some cruise lines require their own form in addition to this one. For custody disputes or questions about legal authority, consult a family law attorney.