

INTERNATIONAL TRAVEL CONSENT FORM

| Trip Details | |
|--|-------------------------|
| Who will accompany the child while traveling? | |
| | |
| Travel Start Date: | Travel End Date: |
| | |
| What is the purpose of the trip? | |
| | |
| What is the destination country? | |

| Child Information | | | |
|-----------------------|-------------|----------------------|-----------------|
| First Name | | Last Name | |
| | | | |
| Age | | Date of Birth | |
| | | | |
| Street Address | City | State | Zip Code |
| | | | |

| Parent/Guardian Information | |
|-----------------------------|---------------------|
| First Name | Last Name |
| | |
| Email Address | Phone Number |
| | |

I acknowledge that I am the parent/guardian of the child mentioned above.

I give my consent for my child to travel on this trip to .

Signature Date:

Signature: