

MINOR (CHILD) TRAVEL CONSENT

1. The Parent(s)/Legal Guardian(s)

I/We _____ am/are the lawful custodial parent(s) and /or non-custodial parent(s) of legal guardian(s) of

2. The Minor

Full Name: _____ Date of

Birth: _____, Place of Birth: _____ Passport

Number (if applicable): _____

- Country of Issuance: _____
- Date Issuance: _____
- Date Expiration: _____

3. Traveling Alone/Accompanying Person

- I authorize my child to travel alone.

- I authorize my child to travel with the following individual or organization:

- Individual/Organization Name: _____
- Relationship to Child (if applicable): _____
- U.S. or Foreign Passport Number (if applicable): _____
 - Country of Issuance: _____
 - Date Issuance: _____
 - Date Expiration: _____

4. Itinerary

I authorize my child to travel to the following location(s) _____ during the period beginning on _____, 202__ and ending on _____, 202__.

5. Signature(s)

Parent / Legal Guardian Signature: _____

Date: _____, Full Name: _____

Parent / Legal Guardian Signature: _____

Date: _____, Full Name: _____

Address of Parent(s)/Legal Guardian(s):

Street: _____ City: _____

Country: _____ Telephone: _____

State of OHIO County of _____

Sworn to and subscribed before me this _____ by _____

_____ who proved by satisfactory evidence to be the person appearing before me, and that he/she executed the instrument as his/her free act and deed.

WITNESS my hand and Official seal

Notary Public