**State of [INSERT STATE]**

**CHILD TRAVEL CONSENT FORM**

**Background:**

1. I/We, [INSERT NAME] declare that I am the legal parent/guardian of [INSERT CHILDS NAME] born on [INSERT BIRTHDATE].
2. I/We acknowledge and consent to [INSERT CHILDS NAME] traveling [domestically] OR[ internationally] to [INSERT TRAVEL LOCATION] with [INSERT TRAVEL GUARDIAN] from the [INSERT START DATE] until the [INSERT END DATE].
3. [INSERT TRAVEL GUARDIAN NAME]’s passport is issued by [INSERT ISSUING COUNTRY], their passport number is [INSERT PASSPORT NUMBER], issued on [INSERT ISSUE DATE] and by [INSERT CITY/STATE OF ISSUANCE].

**Trip Details:**

1. The Purpose of this trip to [INSERT TRAVEL LOCATION] is [go on holiday] OR [to visit family] OR [a school trip] OR [a business trip with guardians] OR [INSERT OTHER REASON].
2. The travel destinations contact details and address are as follows:
	1. [INSERT TRAVEL DESTINATION NAME]
	2. [INSERT TRAVEL DESTINATION ADDRESS]
	3. [INSERT TRAVEL COUNTRY]
	4. [INSERT TRAVEL DESTINATIONS TELEPHONE]
	5. [INSERT TRAVEL DESTINATIONS EMAIL]

**Medical:**

1. [For the duration of this trip, I/We do not authorise [INSERT TRAVEL GUARDIAN NAME] to consent, seek or otherwise obtain any medical treatment in relation to my/our child.]

**OR**

[I/We consent to and authorise [INSERT TRAVEL GUARDIAN] to consent, seek and otherwise obtain the following medical treatment on behalf of my/our child:

* 1. [routine medical care and treatment];
	2. [emergency medical care and treatment];
	3. [surgery];
	4. [hospitalisation];
	5. [blood transfusions];
	6. [dental care and treatment]; and
	7. [INSERT OTHER CONSENTED TREATMENT] as deemed necessary from the expert opinion of a licensed medical or healthcare professional.
1. If there any questions regarding this consent, please contact me using the contact information outlined at parent/guardians’ information.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

**Printed name:**

**Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

**Printed name:**

**Date:**

**Important information:**

Information about Travelling Child:

1. Full Legal Name:
2. Date of Birth:
3. Place of Birth:
4. Birth certificate Registration Number:
5. Issuing Authority of Birth Certificate:

Travelling Childs Passport Details:

1. Passport Number:
2. Passport Country of Issue:
3. Place of Passport Issuance:
4. Date of Passport Issuance:

Travelling Childs Health Information:

1. Health Conditions:
2. Allergies:
3. Prescription Medications:
4. Other Medications:
5. Date of last Tetanus injection/Booster:
6. Other medical requirements:

Traveling Medical Care and Insurance Information:

1. Doctors:
2. Doctors Contact Number:
3. Dentist:
4. Dentists Contact Number:
5. Medical Facility Preference:
6. Insurer:
7. Policy Number:
8. Policy Holder:

Parent or Guardians Information:

1. Parent/Guardians Name:
2. Address:
3. Phone Number:
4. Email:

First Emergency Contact Persons Information:

1. Emergency Contacts Name:
2. Contact Number:
3. Email:

Second Emergency Contact Persons Information:

1. Emergency Contacts Name:
2. Contact Number:
3. Email:

**Witness Signatures:**

I declare that this Child Travel Consent Form was signed by [INSERT PARENT/GUARDIAN NAME] in my presence.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness Signature**

**Printed name:**

**Date:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness Signature**

**Printed name:**

**Date:**

**NOTARY OF ACKNOWLEDGEMENT**

State of: [INSERT STATE]

Country of: [INSERT COUNTRY] (**Seal**)

This Child Travel Consent Form was acknowledged on the [INSERT DATE] by the undersigned, [INSERT UNDERSIGNED NAME], who has satisfactorily proven to me to be the person whose name is subscribed to this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Notary Public**

**My Commission Expires on the:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_