Date: {date}

{(I) or (We)}, {name(s)} authorize {(my) or (our)} minor child {child's full legal name, birthdate, passport information} to travel to {destination} on {date trip begins}. {Child's full legal name} will be traveling by {mode of transportation}, {specific travel information} {(with name) or (unaccompanied)}. {If the child is traveling with another person, include contact and passport information for that person here.}

{Child's full legal name} will be returning on {date}, traveling by {mode of transportation} {specific travel information} with {(name) or (unaccompanied)}. (If the minor child is returning with the same person, you do not need to add their information again.)

In addition, {(I) or (we)} authorize {name of person traveling with child} to consent to any necessary routine or emergency medical treatment during the aforementioned trip. {Child's full legal name} has the following allergies and medical conditions: {list allergies or conditions, if any.}

{Parent or Legal Guardian signature}

{Address}

{Phone number}

{Parent or Legal Guardian signature}

{Address}

{Phone number}

Sworn to and signed before me, a Notary Public,

This {date} of {month}, 20{year}.

{Notary Public Signature and Seal}