

CONSENT FOR MINOR CHILDREN TO TRAVEL

As Legal Guardian(s), I (we): _____
authorize my/our minor child: _____
to travel with (names) _____
for the dates of : _____ traveling to the following
destination: _____
for the following reason _____.

Airline/Flight Numbers: _____ and/or
Cruise-line and ship: _____

In addition, I (we) authorize (name) _____
to consent to any necessary and required routine or emergency medical
treatment during the aforementioned trip, as assessed by qualified medical
personnel. Our medical insurance information is:

Insurance Provider _____
Policy Number _____ Phone # _____

Signed: _____ (Parent)
Signed: _____ (Parent)
Address: _____
Telephone: _____

Sworn to and signed before me, a Notary Public,

this _____ day of _____, 20____

Notary Public Signature and Seal