

Minor Travel Waiver Authorization

Minor's Full Name: _____

Date of Birth: _____

Passport/ID Number: _____

Parent/Legal Guardian Name: _____

Relationship to Minor: _____

Contact Number: _____

Email: _____

Travel Destination(s): _____

Travel Dates: _____ to _____

Accompanying Adult(s): _____

Relationship to Minor: _____

Authorization Statement

I, the undersigned, give permission for my minor child named above to travel to the destination(s) listed for the dates indicated, accompanied by the adult(s) noted. I authorize the accompanying adult(s) to make decisions regarding medical care or emergencies if needed during this time.

Parent/Guardian Signature: _____

Date: _____

Witness Name: _____

Witness Signature: _____

Date: _____