## CONSENT FOR MINOR CHILDREN TO TRAVEL

Date:			
I (we):_			
	e my/our minor child(ren):		
to travel	to:	on:	
aboard A	irline/Flight Number:		
and/or C	ruise Ship:		_
with:			
Their exp	pected date of return is		
In addition, I (we) authorize:			to consent
to any ne	ecessary routine or emergency med	ical treatment during the afore	ementioned trip
	Signed:	(Parent)	
	Signed:	(Parent)	
	Address:		
	Telephone:		
Sworn to	and signed before me, a Notary Pu	blic,	
also to	4		