## **Consent for International Travel**

I,		(Name), of		(Address)
of the l	Jnited States, de	clare that I am the	(Mother/Father) of	(Child's
Name)	and have	(sole/joint) legal custo	dy of:	
		(Child's Name),	a (legal sex), born	on//
(birthda	ay), in the state	of i	n the United States. My child i	s traveling with an
Americ	an passport nun	nbered	, which was issued on	at the US
Depart	ment of State an	d expires on		
FLIGHT	TRAVEL:			
My chil	d,	, has my co	onsent to travel as follows:	
(1)	Flying out of		_ [DEPARTURE AIRPORT] on/	/[DATE]
			Flight No.	
		[ARRIVAL AIRPORT]		
(2)			IATION], where my child will	be staying at the
			AME OF HOTEL OR OTHER LC	
			[ADDRESS] from <i></i>	
		_/ [DATE].		
(3)	My child has	my permission to also	travel to these countries du	ring those dates:
(4)	Other areas in	n or around	[DESTINATION]	for tourism and
	entertainment p			
(5)	Flying out of	[C	DEPARTURE AIRPORT] on/	/ [DATE] on
		[AIRLINE], Flight No.	and arriving at	
	[ARRIVAL AIRPO	ORT] on/		
(6)	I understand de	lays or other travel incidents	may occur; however, any unexped	cted changes to this
	itinerary must b	e provided to me in writing	(text or email shall suffice) imme	diately upon notice
	of such change.			
CRUISE	TRAVEL			
My chil	d,	, has my co	onsent to travel as follows:	
(1)	Departing on	the cruise ship	through the	cruising company
		on/_	/ [DATE] through/_	/ [DATE].
(2)	The expected po	orts my child will travel to inc	clude:	
	but Lacknowled	ge that the cruise line may n	nake last minute changes to such	itinerary: however
		-	ust be provided to me in writing	
		otice of such change.	and the provided to the in writing	(concor cinali shall

I understand and give my permission and	d consent for	[CHILD'S NAME] to
be traveling with		
	[ADDRESS] of the United State	
American passport numbered		
Department of State and expires on _		
[CHILD'S NAME] will be also traveling with		
	[NAMES OF OTHER TRAVELER	SI during this trin My
child will be leaving the United States on on or about//		
	Medical Consent	
During the time period of the trip as laid	d out above, I,	[NAME],
hereby authorize and provide my conse		
PARENT] to seek, obtain, and cons		
	CHILD] on an emergency basis; howeve	· ·
notified of any medical condition or treat		•
ending decisions surrounding		
medical treatment immediately and auto	matically terminates at the end of the tr	rip as laid out above.
Any questions regarding this document m	nay be addressed to me at:	
[NAME]		
[ADDRESS]	Un	nited States
[PHONE NUMBER]		
[EMAIL]		
By executing this two-page docume	ent titled "Consent for Internationa [CHILD'S NAME], I am agreeing for m	•
out on the first page of this document.		
Signed in the presence of a notary on [DA	ATE].	
[NAME]	<del></del>	

## **COMMONWEALTH OF MASSACHUSETTS**

, ss.	
On this day of	, before me, the undersigned notary public
personally appeared,	proved to me through satisfactory evidence o
identification, which was	, to be the person whose name is signed
on the preceding and attached document, and acknowledge	owledged to me that [she/he] signed it freely and
voluntarily for its stated purpose.	
	, Notary Public
Seal	My commission expires: