

CONSENT FOR INTERNATIONAL TRAVEL

Permission from both legal parents/legal guardians is required

1. _____ (Parent/Guardian Name) _____ (Parent/Guardian Name)

(Street Address / City, State, Zip) (Street Address / City, State, Zip)

(phone number) (phone number)

state and confirm that I/we are lawful guardians of _____
(Full Legal Name of Child & Gender)

born on _____ in _____
(Date of Birth) (Location of Birth: City, State & Country)
_____ issued on _____ at _____
(Passport Number) (Date of Passport Issue) (Location of Passport Issue)

2. _____ has my/our consent to travel by his or herself under the care of
(Full Legal Name of Child)
_____ from _____
(Name of Accompanying Adult Leader/Chaperone) (Parish/School Name & Parish/School Complete Address)
carrying a United States Passport _____ issued on _____
(Passport Number) (Date of Passport Issue)
at _____ to travel to: _____
(Location of Passport Issue)
_____ all at various hotels.

3. My child will be leaving the United States on or about _____ and returning to the United States
on or about _____. In the event that my child requires emergency medical treatment and I cannot be
reached, _____ of _____
(Name of Accompanying Adult Leader/Chaperone) (Parish/School Name)
is authorized to consent to medical treatment in my stead.

(Parent/Guardian Signature) (Parent/Guardian Signature)

(Parent/Guardian Printed Name) (Parent/Guardian Printed Name)

Notary Acknowledgement

STATE OF WASHINGTON
COUNTY OF _____
I certify that I know of have satisfactory evidence that _____ is the person who appeared before me, and said
person acknowledged that they signed this instrument, on oath stated that he/she is authorized to execute the instrument and acknowledged it to be
the free and voluntary act of such party for the uses and purposes mentioned in this instrument.

Dated: _____ day of _____, _____

Notary Public in and for the State of Washington
My commission expires: _____