

# Travel Permission Form

We, \_\_\_\_\_ and \_\_\_\_\_, parents  
of \_\_\_\_\_, a minor child, hereby designate and authorize  
\_\_\_\_\_ and \_\_\_\_\_ of  
\_\_\_\_\_.

to travel in the United States and Canada with the above mentioned minor child, to  
provide care and supervision, and to provide access to emergency medical treatment in  
the event of illness or injury. A medical release from and insurance card will accompany  
this form.

Dates of travel will be from \_\_\_\_\_ through \_\_\_\_\_. The above  
mentioned minor child will have identification in the form of \_\_\_\_\_ and official birth certificate  
or passport.

In the event of an emergency, the parents of the above mentioned minor child, can be  
reached at the following phone numbers:

Home Phone - \_\_\_\_\_

Work Phone - \_\_\_\_\_

Cell Phone #1 - \_\_\_\_\_

Cell Phone #2 - \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_