



**INTERNATIONAL TRAVEL CONSENT AND MEDICAL AUTHORIZATION FOR MINOR**

**Child Information**

Child's Full Name: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Passport Issuing Country: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Passport Expiration Date: \_\_\_\_\_

**Parent / Legal Guardian Information**

Parent / Legal Guardian #1

Parent / Legal Guardian #2

Full Name: \_\_\_\_\_

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact (If Parents Cannot Be Reached)**

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Travel Authorization**

I/We, the undersigned parent(s) and/or legal guardian(s) of the above-named minor child, hereby grant permission for the child to travel with **ILI Travel and its authorized representatives and chaperones** to:

**Travel Dates:** \_\_\_\_\_

This authorization includes permission for travel on the dates listed above and for any reasonable adjustments or extensions due to travel delays, emergencies, or unforeseen circumstances.

**Destination:** \_\_\_\_\_

**Medical Authorization**

I/We authorize the designated representatives and chaperones of **ILI Travel** to obtain and consent to any necessary medical treatment for the above-named child in the event of illness or injury during the trip when I/we cannot be reached immediately.

Child's Health Insurance Provider:

\_\_\_\_\_

Policy Number: \_\_\_\_\_

Allergies or Medical Conditions (if any):

\_\_\_\_\_

**Parent / Legal Guardian Signatures**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Witness**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Notary Acknowledgment (Commonwealth of Pennsylvania)**

Commonwealth of Pennsylvania

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, **20\_\_** before me, the undersigned Notary Public, personally appeared: who proved to me through satisfactory evidence of identification to be the person(s) whose name(s) are signed on this document and acknowledged that they executed the same for the purposes contained herein.

In witness whereof, I hereunto set my hand and official seal.

Notary Public Signature: \_\_\_\_\_

Printed Name of Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Seal: