

Travel Consent Authorization

Date: [Insert Date]

To Whom It May Concern,

I, [Parent/Guardian Full Name], the parent/legal guardian of [Child's Full Name], born on [Child's Date of Birth], hereby grant permission for my child to travel to [Destination] from [Start Date] to [End Date].

In the event of a medical emergency, I authorize [Travel Companion's Full Name] to seek medical attention for my child and make health-related decisions on my behalf. I understand that every effort will be made to contact me in case of such an emergency. However, if I cannot be reached, the designated guardian is authorized to act in my stead.

Person to contact in case of emergency:

- Name: [Emergency Contact Name]
- Phone: [Emergency Contact Phone]
- Relationship: [Relationship to Child]

Any medical conditions or allergies:

[List any medical conditions or allergies]

Thank you for your understanding and cooperation.

Sincerely,

[Parent/Guardian Signature]

[Parent/Guardian Full Name]

[Parent/Guardian Contact Information]