

Travel Consent Authorization for Non-Parent Guardians

Date: _____

To Whom It May Concern,

I, [Parent/Guardian's Full Name], am the legal parent/guardian of [Child's Full Name], born on [Child's Date of Birth].

I hereby authorize [Non-Parent Guardian's Full Name], who resides at [Non-Parent Guardian's Address], to act as my agent in matters of travel and to accompany my child on a trip to [Destination] from [Start Date] to [End Date].

This consent includes the authority to make decisions regarding any necessary medical treatment required during this trip.

Contact information for the undersigned parent/guardian:

- Phone Number: [Parent/Guardian's Phone Number]
- Email: [Parent/Guardian's Email]

Signed:

[Parent/Guardian's Signature] _____

[Parent/Guardian's Printed Name] _____

Witnessed by:

[Witness Signature] _____

[Witness Printed Name] _____