

International Travel Consent and Acknowledgment

STATE OF NEW YORK }
COUNTY OF _____ } ss.:

_____, being duly sworn, deposes and says:

1. I am the mother/father and shared/sole legal custodian/guardian of:
 - a. _____, born _____, and
 - b. _____, born _____.
2. _____ and _____ have my consent to travel with _____, mother/father of the child(ren) and shared legal custodian/guardian/non-custodial parent of the child(ren).
3. This consent is valid for travel starting on or about _____ to _____ and returning on or about _____.
4. I authorize and recommend _____ to make emergency medical decisions on behalf of the child(ren), in the event that my child requires emergency medical treatment at a time or place from which I may not be reached.
5. I authorize and recommend _____ to make arrangements and determinations for all modes of travel, including itinerary changes as necessary during this trip.
6. In the absence of _____, should any medical, travel or personal welfare incident arise, immediate contact shall be made to me.

Signed _____

Address:

Phone:

e-mail:

Sworn to before me
Date: _____
