CONSENT FOR MINOR CHILDREN TO TRAVEL

Date:		
I,	, authorize my minor child(ren),	
	to travel with	and
	out of the United State	es to visit/vacations in (country
and name of hotel)_		on (date)
	. Expected date of return: _	·
In addition, I author	ze consent to	, for any
necessary routine o	r emergency treatment durir	ng aforementioned trip.
	Signed:	
	Address:	
	Phone:	
Sworn to and signe	d before me, a Notary Public	>,
this day	of	-
Notary Public Signa	ture and Seal	