



MINOR (CHILD) TRAVEL CONSENT

I. THE PARENT(S).

I/We, [PARENT(S)/GUARDIAN(S) NAME], am/are the lawful custodial parent(s) and/or non-custodial parent(s) or legal guardian(s) of:

II. THE MINOR.

Full Name: [MINOR'S NAME]

Date of Birth: [DOB]

Place of Birth: [LOCATION]

Passport Number (if applicable): [#]

- Country of Issuance: [COUNTRY]
- Date Issuance: [DATE]
- Date of Expiration: [DATE]

III. TRAVELING ACCOMPANYING PERSON.

- I authorize my child to travel **with the following individual/organization under the a travel program with ACA and it's partnering travel agency:**

- Individual/Organization Name: [FULL NAME]
- Relationship to Child (if applicable): [RELATIONSHIP]
- U.S. or Foreign Passport Number(if applicable): [#]
 - Country of Issuance: [COUNTRY]
 - Date Issuance: [DATE]
 - Date of Expiration: [DATE]

IV. ITINERARY.

I authorize my child to travel to the following location [LOCATION] during the period beginning on [START DATE], and ending on [END DATE] .

V. SIGNATURE(S).

Parent / Legal Guardian Signature:

_____ Date: _____

Print Name: _____

Parent / Legal Guardian Signature:

_____ Date: _____

Print Name: _____