TRAVEL CONSENT AND ACKNOWLEDGEMENT

I, [NON-TRAVELLING PARENT/GUARDIAN FIRST LAST NAME], make oath and state that I am the [MOTHER/FATHER/GUARDIAN]and shared legal guardian of:

Child –**[CHILD’S FIRST LAST NAME[([MALE/FEMALE]**, born **[CHILD’S BIRTH DATE]**in the United States.

1. **[CHILD’S FIRST LAST NAME]** has my consent to travel with **[TRAVELLING PARENT/GUARDIAN FIRST LAST NAME, (MOTHER/FATHER/GUARDIAN ]** of child) and shared legal guardian of above-mentioned minor child.
2. This consent is valid for travel starting on or about **[START DATE OF TRIP]** to **[TRAVEL DESTINATION]** and returning on or about **[END DATE OF TRIP]**.
3. I authorize and recommend **[TRAVELLING PARENT FIRST LAST NAME]**, to make emergency medical decisions on our behalf, in the event that my child requires emergency medical treatment at a time or place from which I may not be reached.
4. I authorize and recommend **[TRAVELLING PARENT FIRST LAST NAME]**, to make arrangements and determinations for all modes of travel, including itinerary changes as necessary during this trip.
5. In the absence of **[TRAVELLING PARENT FIRST LAST NAME]**, should any medical, travel or personal welfare incident arise, immediate contact shall be made to me, **[NON-TRAVELLING PARENT FIRST LAST NAME]**. If immediate communication is not possible, these decisions are to be made by  **[THIRD PARTY CONTACT FIRST LAST NAME, (THAT PERSONS RELATIONSHIP TO CHILD)]** or **[ANOTHER THIRD PARTY CONTACT FIRST LAST NAME (RELATIONSHIP TO CHILD)]** who will be traveling with the above mentioned child in  **[DESTINATION COUNTRY]**.
6. Ann B. Smith has my consent to travel with List C. Jones, (Mother of child) and shared legal guardian of above-mentioned minor child.
7. This consent is valid for travel starting on or about **[START DATE OF TRIP]** to Paris, France and returning on or about June 6, 2008.
8. I authorize and recommend Lisa C. Jones to make emergency medical decisions on our behalf, if my child requires emergency medical treatment at a time or place from which I may not be reached.
9. I authorize and recommend Lisa C. Jones to make arrangements and determinations for all modes of travel, including itinerary changes as necessary during this trip.
10. In the absence of Lisa C Jones should any medical, travel or personal welfare incident arise, immediate contact shall be made to me, John A. Smith. If immediate communication is not possible, these decisions are to be made by Michael D. Jones (Stepfather of child) or Nancy E. White (family friend) who will be traveling with the above mentioned child in France.

Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_