



PERMISSION TO TRAVEL

I (we), _____
Mother/Father/Guardian's Name(s) Printed

give our permission to my (our) child, _____
Child's Name Printed

to travel with _____
Name(s) Printed

Their destination is/are _____
Destination(s) Printed

They will be leaving on _____ and they will be returning on or before _____.

Mother's Name Printed

Mother's Signature

Father's Name Printed

Father's Signature

I/we _____
Parent/Guardian Names

give full authority to make medical decisions regarding the above stated child on our behalf.

State of California, County of: _____
County

On _____, before me, _____
Date Name and Title of Notary Officer

personally appeared _____
Name(s) of Signer(s)

- Personally known to me
- Proved to me on the basis of satisfactory evidence

To be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signatures(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNWESS my hand and official seal.

Signature of Notary Public