AUTHORIZATION FOR DOMESTIC TRAVEL WITH MINOR

To Whom It May Concern:

This	letter	is	in	relation	to	my/our	minor	child,				
									,	who	is	a

		NAME	OF CH	HILD							
citizen	of							and	b	born	on
					COUNTR	RY					

BIRTHDATE

Dates of travel:

Destinations/Accommodations:

I/we also authorize ______ to approve health ______ to approve health care treatment for the above referenced minor and to make any reasonable changes to the travel plans specified above.

Under penalty of perjury under the laws of the State of California, I/we attest to the truthfulness, accuracy, and validity of the forgoing statement.

X	
	Date:
Mailing Address:	
	Email:
X	
Parent Name:	Date:
Mailing Address:	
Phone Number:	Email:
CERTIFICATE OF AC	KNOWLEDGMENT OF NOTARY PUBLIC
identity of the individual who	c completing this certificate verifies only the signed the document to which this certificate lness, accuracy, or validity of that document.
State of California	
County of	
On before m	ne,, NOTARY PUBLIC,
personally appeared,	
proved to me on the basis of	of satisfactory evidence to be the
	are subscribed to the within
-	edged to me that he/she/they executed
	authorized capacity(ies), and by
	on the instrument the person(s), or
_	the person(s) acted, executed the
instrument.	
I certify under PENALTY of	PERJURY under the laws of the state
_	going paragraph is true and correct.
WITNESS my hand and officia	l seal.

(Signature of Notary)

(Seal)