

## Minor International Travel Consent

Mother/Guardian:	Phone:
Father/Guardian:	Phone:
AUTHORIZE MY/OUR MINOR CHILD/CHILDR	EN:
Name:	Date of Birth:
(Name as appears on passport)	
Name:	Date of Birth:
(Name as appears on passport)	
Name:	Date of Birth:
(Name as appears on passport)	
TO TRAVEL from	to Manchester Parish, Jamaica on
(City/State/Country) <b>AND</b>	(Date of Trav
TO TRAVEL from Manchester Parish, Jamaica to	on
	(City/State/Country) (Date of Trav
WITH:	
(Group	Name)
ACCOMPANIED BY:	
(Adult Chaperone - Na	ame as appears on passport)
Mother/Guardian Signature:	Date:
Father/Guardian Signature:	Date:
State of Cou	nty of
On this, in the y	ear 20, before me, a notary public in and
for said state, personally appeared	
individual, known to me to be the person(s) who	
Consent and (s)he acknowledged to me that (s)h herein.	e executed the same for the purposes stated
neren.	
Notary Public Signature:	Commission Expires: