

PERMISSION FOR MINOR TO TRAVEL WITH ACCOMPANYING ADULT(S)

I/We _____
Name (s) of Paent(s)/ Guardian(s)

(father/mother/parents/guardian(s)) of _____
Name of Minor(s)

Give permission to _____
Name of Accompanying Adult(s)

To travel with the above mentioned minor(s) to _____
City and Country

On _____. They will be returning on _____
Day, Month and Year Date or Approximate Time of Month

Signature of Parent or Guardian

Signature of Parent or Guardian

State of _____ }
County of _____ } ss.

On _____ before me, _____
(Date) (Notary)

personally appeared _____
Signer(s)

personally known to me or or 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 signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Stamp clear impression of notary seal above.

Notary's Signature