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# Parental Agreement for Minor

TO BE CARRIED BY TEAM LEADER FOR EACH MINOR WITHOUT A PARENT/LEGAL GUARDIAN

I/We, \_\_\_\_\_, acknowledge that  
*Parent(s) or legal guardian(s) name(s)*

minor child, \_\_\_\_\_, born on \_\_\_\_\_, holding  
*Minor's full name* *Minors birthdate*

passport # \_\_\_\_\_, will be traveling to \_\_\_\_\_  
*Passport number* *Country of final destination*

from \_\_\_\_\_ to \_\_\_\_\_ with \_\_\_\_\_.  
*Start date* *End date* *Accompanying adult(s)*

**Consent to Travel for Minor:** By signing this form below, I/we give my/our consent for the above listed minor child to travel under the care of the aforementioned adult(s).

**Medical Consent for Minor:** By signing this form below, I/we authorize the aforementioned adult(s) to seek, obtain and consent to routine or emergency medical care and treatment, surgery, hospitalization, blood transfusions, dental care and treatment, or other care and treatment as deemed necessary by a licensed medical or healthcare professional, on behalf of the above listed minor child.

Signatures: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent(s) or legal guardian(s) signature(s)*

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTARY PUBLIC CERTIFICATION:**

State of: \_\_\_\_\_ County of: \_\_\_\_\_ Date: \_\_\_\_\_

I certify that \_\_\_\_\_, who is/are personally known to me or proved to me on the basis of satisfactory evidence, to be the person(s) whose name(s) is/are signed to this instrument and acknowledge that he/she/they signed it as a free and voluntary act for the uses and purposes mentioned in this document.

Witness my hand and official seal: \_\_\_\_\_ Signature of Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_