## PERMISSION TO TRAVEL WITH MINOR(S) AFFIDAVIT

I/We:	and	
PARENT or GUARDIAN NAME		PARENT or GUARDIAN NAME
understand that my/our child(ren):		
CHILD'S NAME	DOB	SSN
CHILD'S NAME		
CHILD'S NAME		
CHILD'S NAME	DOB	SSN
will be traveling to		
		onOATE OF TRAVEL
DESTINATION		DATE OF TRAVEL
aboard Airline/Flight - Cruise Ship - Auto		
with		
ACCOMP	ANYING ADUL	T(S)
Relationship of Accompanying Adult to Minor	(s)	
Child(ren) expected date of return is		
As the child(ren)'s parent or guardian(s), I/We	give full consent	to this trip abroad.
This affidavit was executed for the purpose of a	ttesting to the trut	h of the facts above and for whatever legal
purpose it may serve. Signed on the	day of	, 2010.
Clamad	and	
SignedPARENT/C	and GUARDIAN NAI	ME(S)
Address:		
Telephone/Contact for Parent/Guardian(s):		
Alternate Telephone Contact Number:		
•	OWLEDGMEN	T
STATE OF OHIO	O VI ZZZZ GITZZI	· <del></del>
COUNTY OF, SS:		
I,, do hereby ce	ertify that I am a du	nly commissioned, qualified and authorized
Notary Public in the State of Ohio and that		
Affiant(s) of this Consent to Travel Form is/ar		
foregoing document and being first duly sworn,		
read, and acknowledged that the execution of sa	aid instrument by	him/her was his/her free and voluntary act
and deed of the uses and purposes therein set for	·	-
• •		hand and affixed my official seal this
day of	-	Ž
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	* T	n.12.
	Notary	Public