

CONSENT FORM FOR CHILD TRAVELING WITHOUT PARENT

To Whom It May Concern:

Please print:

Child (Full name): \_\_\_\_\_

Child's date of birth: \_\_\_\_\_

Child's place of birth: \_\_\_\_\_

Child's US Passport number: \_\_\_\_\_

--Date of Issuance of passport: \_\_\_\_\_

--Place of Issuance of passport: \_\_\_\_\_

Father(Full name): \_\_\_\_\_

Mother (Full name): \_\_\_\_\_

\_\_\_\_\_ (Child's name) has our consent to travel with Carol Godwin or George Godwin to the Dominican Republic (date) \_\_\_\_\_. During this period, (he/she) will be residing with Dr. Silvia Martinez in Santo Domingo, Dominican Republic.

We, \_\_\_\_\_ (Parents' names), give Carol Godwin or George Godwin authority to make decisions regarding travel, medical consent, or legal issues while traveling on (date) \_\_\_\_\_.

Any questions regarding this consent can be directed to the undersigned at:

Your address: \_\_\_\_\_, USA

Home phone #: \_\_\_\_\_

Father's cell #: \_\_\_\_\_ Mother's cell #: \_\_\_\_\_

Insurance name & ph # \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Signed:

Parent #1: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent's name: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Print Witness name: \_\_\_\_\_

Signed:

Parent #2: \_\_\_\_\_ Date: \_\_\_\_\_

Print Parent's name: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Print Witness name: \_\_\_\_\_