

# Letter of Parental Agreement

I/We \_\_\_\_\_ understand that  
*parent name(s)*

my child \_\_\_\_\_ will be traveling to  
*child's name*

\_\_\_\_\_ on \_\_\_\_\_  
*(destination)* *(date of travel)*

Aboard Airline/Flight # \_\_\_\_\_

With \_\_\_\_\_  
*(accompanying adults)*

Their expected date of return is \_\_\_\_\_.

Signed \_\_\_\_\_  
*parent signature(s)*

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

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

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

Emergency Contact Number: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_

I certify that I know or have satisfactory evidence that \_\_\_\_\_

\_\_\_\_\_ is/are the person(s) who appeared before me and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Dated: \_\_\_\_\_ Witness my hand and official seal

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title*

\_\_\_\_\_  
*My appointment expires:*