**Child Travel Consent**

We <legal guardian1 First and Last name> (Pers. Id No. Id **yyyymmddnnnn**)and <legal guardian2 First and Last Name> (Pers. Id No. Id **yyyymmddnnnn**), are the parents to the child, born **YY MONTH DD**, with Pers. Id No. Id **yyyymmddnnnn** and with Passport No. **nnnnnnnnn**.  
  
We acknowledge that our child is traveling to USA. And has our consent and permission to travel with <Guardian First and Last Name> with Passport No. **nnnnnnnnn**.

From: Day:16/ Month: April/ Year: 2023  
To: Day: 25 / Month: April / Year:2023

The child HAVE Medical Insurance that will cover this child for medical treatment in the United States if needed. <legal guardian1 First and Last name> and <legal guardian2 First and Last name> AUTHORIZE <Guardian First and Last Name> to make medical treatment decisions for the minor child if needed.

Contact information to <legal guardian1 First and Last name>:  
Phone:   
Email:   
  
Contact information to <legal guardian2 First and Last name>:  
Phone:   
Email:  
  
**Signature Of Non-Traveling Birth Parents**  
Signature of <legal guardian1 First and Last name>:  
  
  
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Signature of <legal guardian2 First and Last name>:  
  
  
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Document was signed in the city of Stockholm DD MONTH YYYY.