

## MINOR TRAVEL AUTHORIZATION FORM - ACCOMPANIED

This form is required for **all minor children traveling with one parent/legal guardian** on an Impact Trip with Many Hands. The form **must be completed and a notarized signature must be obtained by the non traveling parent/legal guardian**. This form should be completed one month before travel and carried during travel, in its original form.

In instances where only one parent/legal guardian holds legal custody of the minor, that parent must complete the section relevant to Parent 1 as well as the [Attestation of Sole Legal Custody](#) which can be obtained by contacting the Many Hands office.

### SECTION 1: MINOR CHILD and TRAVEL INFORMATION

Minor Child's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nationality: \_\_\_\_\_

Passport #: \_\_\_\_\_

Destination: Marsh Harbour, Abaco, The Bahamas

Departure Date: \_\_\_\_\_

Return Date: \_\_\_\_\_



**SECTION 2: NON TRAVELING PARENT/LEGAL GUARDIAN INFORMATION and AUTHORIZATION**

**Non Traveling Parent/Legal Guardian**

Non Traveling Parent/Legal Guardian Full Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Primary Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

**AUTHORIZATION FOR TRAVEL**

I hereby declare that I am the lawful guardian of the minor child named above. I hereby consent for the minor child named above to travel to the Commonwealth of The Bahamas as a part of the Many Hands Impact Trip during the dates named above with \_\_\_\_\_.  
(Full name of parent traveling with minor child)

Signature: \_\_\_\_\_ (non traveling parent/legal guardian)  
(Must sign in presence of Notary)

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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**NOTARY ACKNOWLEDGEMENT**

State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (parent/legal guardian), who is personally known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument.

Signature of Notarial Officer \_\_\_\_\_ SEAL:

Notary Public for the State of \_\_\_\_\_

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

My commission expires: \_\_\_\_\_