

MINOR TRAVEL AUTHORIZATION FORM - UNACCOMPANIED

This form is required for **all minor children traveling without a parent/legal guardian** on an Impact Trip with Many Hands. The form **must be completed and notarized signatures must be obtained by both parents/legal guardians and the person accepting temporary guardianship.** This form should be completed one month before travel and carried during travel, in its original form.

In instances where only one parent/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: PARENT/LEGAL GUARDIAN INFORMATION and AUTHORIZATION of TEMPORARY GUARDIANSHIP

Parent 1/Legal Guardian

Parent 1/Legal Guardian Full Name: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Alternate Phone Number: _____

AUTHORIZATION FOR TRAVEL & GRANT OF TEMPORARY GUARDIANSHIP

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. I hereby grant the temporary guardian named in *Section 3* of this form my full authorization to make decisions related to my child's wellbeing, including medical treatment, throughout the duration of the Many Hands Impact Trip.

Further, I understand and agree that all claims arising out of the grant of temporary guardianship shall be construed in accordance with the laws of the State of Iowa, excluding choice of law rules.

Signature: _____ (parent 1/legal guardian)

(Must sign in presence of Notary)

Signed on this _____ day of _____, 20_____.

NOTARY ACKNOWLEDGEMENT

State of _____ County of _____

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____, by

_____ (parent 1/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: _____



Parent 2/Legal Guardian

Parent 2/Legal Guardian Full Name: _____

Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Primary Phone Number: _____ Alternate Phone Number: _____

AUTHORIZATION FOR TRAVEL & GRANT OF TEMPORARY GUARDIANSHIP

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. I hereby grant the temporary guardian named in *Section 3* of this form my full authorization to make decisions related to my child's wellbeing, including medical treatment, throughout the duration of the Many Hands Impact Trip.

Further, I understand and agree that all claims arising out of the grant of temporary guardianship shall be construed in accordance with the laws of the State of Iowa, excluding choice of law rules.

Signature: _____ (parent 2/legal guardian)
(Must sign in presence of Notary)

Signed on this _____ day of _____, 20_____.

NOTARY ACKNOWLEDGEMENT

State of _____ County of _____

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____, by _____ (parent 2/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: _____

SECTION 3: GUARDIAN INFORMATION and TEMPORARY GUARDIANSHIP ACCEPTANCE

Temporary Guardian Full Name: _____
Date of Birth: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Nationality: _____ Passport #: _____

ACCEPTANCE OF TEMPORARY GUARDIANSHIP

I hereby acknowledge that the parent(s)/guardian(s) of the minor named above have granted temporary guardianship to me throughout the duration of the Many Hands Impact Trip.

By signing below, I hereby accept the temporary guardianship under the circumstances noted in this document, including those which indicate that claims arising out of this grant of temporary guardianship shall be construed in accordance with the laws of the State of Iowa, excluding choice of law rules.

Signature: _____ (temporary guardian)
(Must sign in presence of Notary)

Signed on this _____ day of _____, 20_____.

NOTARY ACKNOWLEDGEMENT

State of _____ County of _____

The foregoing instrument was acknowledged before me on this _____ day of _____, 20____, by _____ (temporary 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: _____