

# FAMILY PREPAREDNESS

**INFORMATION & RESOURCES** 

2024 / 2025

Adapted from information gathered by Lane County Support Alliance Version 4.0 | February 20, 2025

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# Checklist of Important Documents

**Every family should be prepared in case of an emergency.** Parents may want to plan for their children's care in the event they are detained, deported, incapacitated, or otherwise unavailable for any period of time.

| Naı | me of Trusted Person:  |         |                   |  |
|-----|--|---------|-------------------|--|
|     | ther these documents now heep them confidential                      | and     | keep t            | hem in a safe place  |
|     | Child's updated school emergency of information                      | conta   | ct                | ACO.   |
|     | Child's medications and location                                     |         |                   | Charles and the  |
| 0   | Child's immunization records   |         |                   | Contract of the  |
|     | Child's birth certificate (from the Unor another country)            | nited S | States            | 200, 2500  |
|     | Child's passport (check expiration di<br>keep current)               | late a  | nd                |  |
|     | Child's Social Security Card   |         |                   | The second second  |
|     | Delegation of Parental/Guardian Po                                   | wers    |                   | The state of the s |
|     | Relative Caregiver Affidavit   |         |                   |  |
|     | Important phone numbers and oth                                      | er co   | ntact infoi       | rmation  |
| 0   | Parents should activate an email ad can be accessed from anywhere in |         |                   | social media account that  |
| Oth | er items to gather and kee   | ep so   | afe               |  |
|     | Extra keys for house, car(s), safe, & ma                             | ailbox  |                   |  |
|     | Financial Information  | _       |                   |  |
|     | Affidavit to access bank accounts                                    | Oth     | ner reco          | mmendations  |
| 0   | Medical Documents  |         | Set addre         | ess of a safe meeting spot   |
|     | Automobile Documents   |         | Set a fam         | ily code word or phrase  |
|     | Title to Home  |         | Add emei<br>phone | rgency contacts to child's   |
|     | Living Trusts  |         | Priorie           |  |

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### Delegation of Parental/Guardian Powers

The Delegation designates another person (called the "attorney-in-fact") to make decisions regarding a minor child/ren in lieu of the child/ren's parent or legal guardian. The "attorney-in-fact" can be any reliable person and does not have to be a lawyer. It is not a court order. It is accepted by many, but not all, people or organizations as proof that the person has the legal right to make decisions for the child/ren.

Go to the next pages for the fillable forms for Delegation and Revocation of Parental / Guardian Powers.



# Relative Caregiver Affidavit

This form permits a family member ("Relative Caregiver") to consent to medical treatment and educational services for a minor child (that the minor child cannot otherwise legally consent to him/herself) if the consent of the legal parent or guardian cannot be obtained. For this reason, it cannot be filled out in advance, but can only be completed after the parent becomes unavailable and the child is already living with the family member. If you have chosen a family member to be the caregiver for your child in the event that you become unavailable, you should give a blank copy of this form to them to use if necessary. Make sure they know that they must fill out the English version of the form.



Go to the next pages for the fillable form for Relative Caregiver Affidavit.

### **Delegation of Parental Powers Form**

**Notice to person receiving this form:** ORS 109.056 allows a parent or guardian of a minor child to delegate parental powers to another person for six months (or 12 months if the person is a school administrator) using a delegation of parental authority. If you receive a signed copy of this form, you must allow the person named in this form to make decisions for the minor named in this form. If you have questions about your responsibilities upon receiving this form, please talk to a lawyer.

| Parent or Guardian Certification  |   |
|---|---|
| I certify that I (full legal name):<br>parent or guardian of the following minor children:  | am the legal  |
| Child #1's full legal name  | Date of birth   |
| Child #2's full legal name  | Date of birth   |
| Child #3's full legal name  | Date of birth   |
| Delegation of Powers  |   |
| Pursuant to ORS 109.056, I delegate parental powers for   | r the above-named children to:  |
| Full legal name   | Date of birth   |
| Email   | Phone number  |
| Address   |   |
| I designate the above-named person to be my attorney-following parental powers for the children named in this medical authority. The person named in this for including routine care, dental care, emergency children named in this form. This person shall he for the minor children named in this form. | s form ( <i>select all that apply</i> ):  orm may make all medical decisions, are, and other medical decisions, for the |

| including enrolling the children in scho  | amed in this form may make all educational decisions, ool and attending school activities, for the children have access to all educational records for the minor |
|---|--|
|   | person named in this form may inspect and receive<br>ment records concerning the children named in this<br>or guardian.  |
| Other authority. I also grant the person (write-in):                                    | on named in this form the following specific powers  |
| This delegation does not include the power consent to the minor child/ren's marriage of | or authority of the person named in this form to or adoption.  |
| Length of Authority   |  |
| I give permission for the person named in this (choose one):                            | form to make the above decisions for my child for  |
| Six months from the date this form is s   | signed.  |
| incapacity, or similar event that render  | beginning upon the occurrence of arrest, deportation, rs the above-mentioned minor child/ren without an ending six months from that date. I reserve the right    |
| Through my active military duty period  | d, plus 30 days.   |
|   | was signed, <b>IF</b> this form is only being used to give a ake educational decisions for the minors named  |
| I reserve the right to revoke this authority  | at any time.   |
| Date  |  |
| Name of parent or guardian  | Signature of parent or guardian  |
| I hereby accept the powers granted to me in<br>the minor named in this form.            | n this form and agree to act as attorney-in-fact for   |
| Name of attorney-in-fact  | Signature of attorney-in-fact  |

### Revocation of Parental Authority Form

**Notice to person receiving this form:** If you receive this form, the attorney-in-fact named in this form may not continue to make decisions for the minor children named below. This person may not continue to receive information or records related to the children. If you previously gave this person access to records through a website, app, or online portal, please review this person's permissions to ensure they no longer have access to the children's private information and records. If you have questions about your obligations upon receiving this form, please talk to a lawyer.

| I (name of parent or guardian):                       | hereby   |
|---|--|
| revoke (cancel) the delegation of parental au         | thority granted to (name of attorney-in-fact):       |
|   | for the following minor children:                    |
| Child #1's full legal name                            | Date of birth  |
| Child #2's full legal name                            | Date of birth  |
| Child #3's full legal name                            | Date of birth  |
| The above-named person's authority to aclisted below. | ct as attorney-in-fact for me is revoked on the date |
| Date  |  |
| Name of parent or guardian                            | Signature of parent or guardian                      |

#### Relative Caregiver Affidavit

**Notice to person receiving this form:** ORS 109.575 and ORS 109.580 allows an adult caring for a relative's child to use this form to consent to medical and educational decisions for the minor child when their parent or legal guardian is unavailable. If you receive a signed copy of this form, you must allow the person named in this form to make decisions for the minor named in this form. If you have questions about your responsibilities upon receiving this form, please talk to a lawyer.

| 1.  | I (your full legal name)an   | n an adult caring for a |
|-----|--|-------------------------|
|     | relative's minor child or children.  |                         |
| 2.  | The child or children's names and date of birth's are:   |                         |
| 3.  | The minor child/ren live with me at the following address:   | 17-1                    |
| 4.  | My relationship to the minor child/ren is (for example, "grandmother," "a  | unt," or "cousin"):     |
| 5.  | My date of birth is:   |                         |
| 6.  | My Oregon driver's license or identification card number is:   |                         |
| 7.  | The child/ren's legal parents' or guardians' names are (full legal names):   |                         |
| 8.  | The contact information for legal parents or guardians is:  a. Mother:   |                         |
|     | b. Father:   |                         |
|     | c. Guardian (if children have a legal guardian):   |                         |
| 9.  | I have made these efforts to contact the legal parents or guardian:  |                         |
|     |  |                         |
|     |  |                         |
| 10. | D. I am unable to contact the legal parent or guardian to get their permission or medical decisions for the child/ren because: |                         |
|     |  |                         |

| I declare under penalty of perjury that the above-named child or children live with me, that I am a competent adult at least 18 years of age or older, and that the information provided in |                                 |  |  |  |
|---|---------------------------------|--|--|--|
| this affidavit is true and correct.   |                                 |  |  |  |
|   |                                 |  |  |  |
| Date  |                                 |  |  |  |
| Name of relative caregiver  | Signature of relative caregiver |  |  |  |
| Phone number  | Address                         |  |  |  |

#### **Child's Important Information**

Keep this information so those you designate to care for your child in your absence have all the information they need. Fill out one for every child.

| Primary Information  |  |
|--|--|
| Child's Name   |  |
| Child's Date of Birth and Age  |  |
| Child's Cell Phone   |  |
| Child's Address  |  |
| Child's Siblings and Their School(s)   |  |
| Child's School   |  |
| Address  |  |
| Phone  |  |
| Principal  |  |
| Teacher(s)   |  |
| Classroom Number   |  |
| Grade Level  |  |
| Student ID Number  |  |
| Does the child have an IEP or 504? Include copies of school support plans.         |  |
| Does the child have ELL or other services? Include copies of school support plans. |  |
| After School Program   |  |
| Address  |  |
| After School Program Contact Name  |  |
| Phone  |  |
| Other Camp/Sports/Program  |  |
| Phone  |  |

| Primary Information Continued                                   |  |
|---|--|
| How does child get to/from school and activities?               |  |
| Who is authorized to pick up child from school and/or bus stop? |  |
| Allergies   |  |
| Dietary Needs   |  |
| Medical Conditions  |  |
| Medical Protocols and Instructions                              |  |
| Medications and Dosages   |  |
| Medical Power of Attorney                                       |  |
| Doctor  |  |
| Phone   |  |
| Address   |  |
| Pharmacy  |  |
| Mental Health Therapist   |  |
| Health Insurance Company  |  |
| Health Insurance Company Group Number                           |  |
| Dentist   |  |
| Phone   |  |
| Address   |  |
| Dental Insurance Company  |  |
| Dental Insurance Company Group Number                           |  |
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| Emergency Numbers and Important Conta     | ct Information |
|---|----------------|
| Mother/Parent/Guardian Name               |                |
| Home Phone (with Country Code)            |                |
| Cell Phone (with Country Code)            |                |
| WhatsApp Number                           |                |
| Facebook Messenger Name                   |                |
| Work Address                              |                |
| Work Phone                                |                |
| Father/Parent/Guardian Name               |                |
| Home Phone (with Country Code)            |                |
| Cell Phone (with Country Code)            |                |
| WhatsApp Number                           |                |
| Facebook Messenger Name                   |                |
| Work Address                              |                |
| Work Phone                                |                |
| Living Grandparents                       |                |
| Phone and Address                         |                |
| Care Needs                                |                |
| Other Emergency Contact and Relationship  |                |
| Phone and Address                         |                |
| Other Emergency Contact in Lane County    |                |
| Phone and Address                         |                |
| Other Emergency Contact in United States  |                |
| Phone and Address                         |                |
| Other Emergency Contact In Origin Country |                |
| Phone (with Country Code) and Address     |                |

| Miscellaneous Information                     |  |
|---|--|
| Car Make / Model                              |  |
| License Plate Number                          |  |
| Car Insurance Company                         |  |
| Car Insurance Company Agent Name              |  |
| Car Insurance Company Agent Phone             |  |
| Insurance Policy Number                       |  |
| Attorney/Non-Profit Legal Services Provider   |  |
| Address                                       |  |
| Phone   |  |
| Life Insurance Policy Number / Information    |  |
| Beneficiaries                                 |  |
| Pet Information - Name(s), veterinarian, etc. |  |
| P.O. Box Number, Keys, and Location           |  |
| PIN Code (Financial)                          |  |
| PIN Code for Phone(s)                         |  |
| SNAP Card Information / Location              |  |
| TANF Card Information / Location              |  |
| Child's Favorite Food, Toy, etc.              |  |
| Family Photos                                 |  |
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### **Birth Certificates**

It is a good idea to obtain an original birth certificate for your child. Also give a copy to your chosen caregiver.

 Was your child born in a state other than Oregon? Go to <u>www.cdc.gov/nchs/w2w</u> to look up other states' contact methods for original birth certificates.



To get original birth certificates from Oregon:

- Order over Internet: www.vitalchek.com
- Order over phone: 1-888-896-4988
- **U.S. Mail:** Send completed order form to Oregon Vital Records, PO Box 14050, Portland OR 97293
  - Birth Order Form Spanish
  - Birth Order Form English
- Drop Box: Drop off completed order form at Oregon Vital Records, 800 NE Oregon Street, Portland OR 97232
- OR schedule an in-person appointment with Oregon Vital Records at bit.ly/3BvVvt0

If your child was born in a country other than the US or Mexico, please contact the nearest consulate of your country of origin for instructions.

#### Consulates on the West Coast:

Consulate General of Mexico in Portland Portland, OR (424) 309-0009 Mexican Consular Hotline: 1-855-463-6395.

Consulate General of Guatemala San Francisco, CA (415) 563-8319

### Birth Certificates Cont.

<u>Consulate General of China in San Francisco</u> San Francisco, CA

Consulate General of the Philippines in San Francisco
San Francisco, CA
(415) 433-6666

Consulate General of Vietnam San Francisco, CA (415) 922-1707

Office of Refugee Resettlement
Afghan Assistance Resources

**Immigration Advocates Network** 



### **Mexican Birth Certificates**

Visit the Mexican Consulate at 1305 SW 12th Ave., Portland OR 97201, (503) 274-1442, portland@sre.gob.mx.

Bring and present an identification document to prove the applicant is the person seeking the birth certificate.

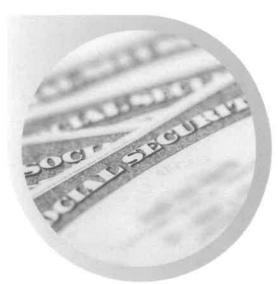
Present the CURP (Clave Única de Registro de Población/population registration code) that can be obtained at the website <a href="mailto:consultas.curp.gob.mx/CurpSP/">consultas.curp.gob.mx/CurpSP/</a>



# **Social Security Cards**

Any person that is a US citizen, or is otherwise eligible for a Social Security Number and Social Security card, should have a Social Security Number and Social Security card. If your child does not have a Social Security Number or card and is a US citizen or otherwise eligible, you should apply for one.

<u>Click here for the Application for a Social</u> <u>Security Card</u>



The form is also available at the local Social Security
Administration office located at **2504 Oakmont Way, Eugene, OR 97401**. No appointment is required and there is a dropbox if you just need to drop off the application and evidence documents.

### **U.S.** Passports

If a child is a US citizen or otherwise eligible for a passport, he/she should get a passport. The passport requires signatures from both parents. If there is only one parent available, another form must be filled out. If the child has a passport, he/she can travel outside of the country and return lawfully. If the child is from another country, a passport may still be helpful within that country.

The <u>UO Ticket Office</u> is an authorized U.S. Government Passport Acceptance Facility.



**Services are walk-up only and no appointment is needed.** They have all the necessary forms and can take photos. The office is located on the ground floor of the EMU Building at **1395 University St. Eugene. Open M-F 10:30am-5:30pm.** 

### U.S. Passports Cont.

#### For appointment-based applications:

- 1) Complete application form DS-11.
  - On the Internet: <u>Passport Application</u> <u>System</u>
  - OR download and print blank form: <u>eforms.state.gov/Forms/ds11\_pdf.PDF</u>
  - Gather necessary documents and information:
    - Proof of citizenship
    - Social Security number
    - Proof of parental consent
    - Passport photo
    - Proof of identity
    - Application fees



2) Bring application and documents to a local post office for processing. Make an appointment at the <u>USPS Appointment Scheduler</u>. Lane County post offices accepting passport applications include:

#### Eugene

520 Willamette St.

Eugene, OR 97401

#### Springfield

3148 Gateway St. Springfield, OR 97475

#### Veneta

25042 Dunham Ave. Veneta, OR 97487

#### Harrisburg

204 Smith St.

Harrisburg, OR 97446

#### Marcola

92162 Marcola Rd. Marcola, OR 97454

#### Walterville

39333 McKenzie Hwy Walterville, OR 97489

### **Mexican Passports**

To obtain a passport for minors and people with disabilities, both parents must be present with the minor and present the following documents:

- 1. Birth certificate
- 2. Parent consent form
- 3. Official ID and photo

#### To apply:

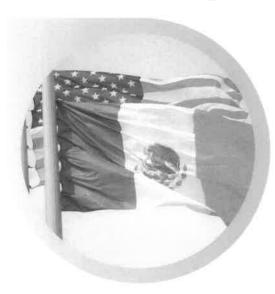
- 1. Make an appointment by calling 1-877-639-4835 or on the Internet at miconsulado.sre.gob.mx.
- 2. Go to the consulate the day of your appointment and fill out the passport application. The document will be ready the same day.



# **US-Mexico Dual Citizenship**

For dual citizenship of US citizen minor, either or both parents can present any of the following to the Mexican Consulate to prove their Mexican nationality:

- 1. Original long copy format of minor's birth certificate (plus one photocopy)
- 2. Parents' original birth certificates and 2 photocopies of each
- 3. Parents' valid photo IDs and 2 photocopies of each
- 4. Photocopies of two witnesses' IDs

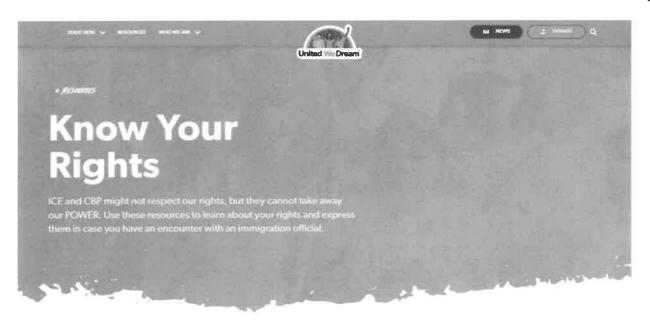


# Contact Information

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# **Appendix**

- Know Your Rights
- Child Travel Consent Form



#### IMMIGRATION AGENTS COME TO YOUR HOME

#### **Prepare Yourself**

- Fill out your preparedness plan and put it in a folder labeled "Privilege & Confidential" and give it to a person
  you trust.
- Create a plan in advance with your family and friends. Assign who will be in charge of your case and who will support at different capacities.
- Make sure your photos and videos are being synced to the cloud (e.g. iCloud or Google photos) in case you
  record an interaction with ICE so that other people can access it.
- Make sure the fences you have in your home are closed. This means that the gate has to be closed with a lock at all times.
- · Paste a 'Know Your Rights' flyer and a reminder to record any interaction with ICE inside your door.

#### **Defend Yourself**

- Keep Calm
- Do not open the door
- If immigration agents enter your home without your permission, verbally express that you do not give them
  permission to enter your home or search your belongings. Ask for a search and arrest warrant.
- Do not answer any questions. Exercise your right to remain silent. If you do choose to answer questions, remember not to lie.
- · Do not sign any documents.
- · Ask to speak with your lawyer or a loved one.
- If you feel safe, record the event with your cell phone either through video or audio only.
- iCE Lies: Do not agree to what ICE asks. For example, do not follow them to their office, to immigration offices like USCIS, or to meet them for coffee.

While asserting your rights does not guarantee the stop of an arrest at the moment, it is important to exercise our rights to facilitate our defense. You are not alone. Our movement is ready to support you, fight for your freedom, and reclaim the humanity of our community.

# Immigration Agents at Your Home - Prepare



- Create a preparedness plan and store it in a "Privilege & Confidential" folder. Share it with someone you trust.
- Plan with family/friends. Assign roles for support and handling your case.
- 3. Sync photos and videos to the cloud (e.g., iCloud or Google Photos).
- 4. Keep your fences locked.
- Tape a 'Know Your Rights' flyer inside your door.

**TEXT KNOW YOUR POWER TO 787-57** 

## Immigration Agents at Your Home - Defend



- 1. Stay calm. Do not open the door.
- If agents enter without permission, say, "I do not consent to this search." Ask for a warrant.
- Do not answer questions or lie.Exercise your right to remain silent.
- 4. Do not sign anything.
- Ask to speak to your lawyer or a trusted person.
- Record the event safely if possible.
- 7. Remember: ICE may lie—do not agree to follow them anywhere.

TEXT KNOW YOUR POWER TO 787-57

### IMMIGRATION AGENTS APPROACH YOU IN PUBLIC

#### **Prepare Yourself**

- Fill out your preparedness plan and put it in a folder labeled "Privilege & Confidential" and give it to a person
  you trust.
- Create a plan in advance with your family and friends. Assign who will be in charge of your case and who will support at different capacities.
- Make sure your photos and videos are being synced to the cloud (e.g. iCloud or Google photos) in case you
  record an interaction with ICE so that other people can access it.
- · Join a local pro immigrant rights group.
- Don't carry a passport. A passport is a travel document and if you have it on you while detained, it can help ICE deport you faster.
- Don't provide a foreign ID, this includes your consulate card, foreign driver's license, foreign voting card, etc. A
  foreign ID reveals to the ICE agent that you were born in another country that is not the U.S.

#### **Defend Yourself**

- · Ask them to identify themselves.
- Provide your name only.
- Remain silent if you choose to speak, remember to not lie.
- Ask for a warrant and check to see if your name is on it and spelled correctly.
- · Record and report the incident
- · Stay calm and don't run
- Don't share your personal or loved one's information (name, address, etc)
- Don't take ICE to your house to pick up your ID.
- Do not sign anything. Do not consent to being searched.

# Immigration Agents in Public - Prepare



- Create a preparedness plan and store it in a "Privilege & Confidential" folder. Share it with someone you trust. Assign who will be in charge of your case and who will support at different capacities.
- 2. Sync photos & videos to the cloud in case you record an interaction with ICE, other people can access it.
- 3. Avoid carrying a passport or foreign ID.
- 4. Join a pro-immigrant rights group.

**TEXT KNOW YOUR POWER TO 787-57** 

## Immigration Agents in Public - Defend



- 1. Ask them to identify themselves.
- 2. Provide your name only.
- Stay silent or avoid lying if you speak.
- 4. Request a warrant and verify it.
- 5. Record the incident and stay calm.
- 6. Do not share personal details or take ICE to your home.
- 7. Do not sign anything or consent to searches.

TEXT KNOW YOUR POWER TO 787-57

## IF IMMIGRATION AGENTS COME TO YOUR JOB

#### **Prepare Yourself**

- Prepare a plan with your co-workers / employer in case immigration comes to your place of work.
- Fill out your preparedness plan and put it in a folder labeled "Privilege & Confidential" and give it to a person
  you trust.
- Create a plan in advance with your family and friends. Assign who will be in charge of your case and who will support at different capacities.
- Make sure your photos and videos are being synced to the cloud (e.g. iCloud or Google photos) in case you
  record an interaction with ICE so that other people can access it.
- Join a local pro immigrant rights group.
- Carry valid documentation at all times or a copy of your pending process.
- Don't provide a foreign ID, this includes your consulate card, foreign driver's license, foreign voting card, etc. A
  foreign ID reveals to the ICE agent that you were born in another country that is not the U.S.
- Download the Notifica App and add your emergency contacts with an emergency message. We suggest that
  this message includes the contact of a trusted person that has and knows your preparedness plan.

#### **Defend Yourself**

- Remain silent if you choose to speak, remember to not lie.
- Show your valid documentation or copy of your pending process.
- Ask for a warrant and check to see if your name is on it and spelled correctly.
- · Do not sign anything.
- Do not consent to being searched verbally say, "I do not consent to being searched"

## Immigration Agents at Work - Prepare



- Plan with co-workers/employers for possible raids.
- 2. Share your preparedness plan with someone you trust.
- Join a local pro-immigrant rights group.
- Sync your photos/videos to the cloud.
- Carry valid documentation or proof of a pending case.
- Avoid carrying a passport or foreign ID.

TEXT KNOW YOUR POWER TO 787-57

### Immigration Agents at Work - Defend



- Remain silent if you choose to speak, remember to not lie.
- Show your valid documentation or copy of your pending process.
- Ask for a warrant and check to see if your name is on it and spelled correctly.
- 4. Do not sign anything.
- Do not consent to being searched verbally say, "I do not consent to being searched".

TEXT KNOW YOUR POWER TO 787-57

#8+611Lp

#### **RECORD & REPORT**

- Step 1: Ensure that audio and video is on and ready to be used and shared to a cloud.
- Step 2: Get information of officer's name, badge number, and agency.
- Step 3: Narrate the date, time, and location where the incident occurred.
- Step 4: Do not disclose the information of your loved ones or yourself to the agents.

Always remember you have the power to make choices. You have a choice over your safety, how you respond, and what you choose to share. To learn more about your power and your rights, join United We Dream.

#### CHILD TRAVEL CONSENT FORM

#### **Video-Child Travel Consent Form**

A **Child Travel Consent Form** provides official parental or guardian authorization for a child to travel when unaccompanied by both parents or legal guardians. It is often required for domestic and international travel to prevent legal and administrative complications.

#### PURPOSE OF A CHILD TRAVEL CONSENT FORM

This form ensures a child's safety and confirms that all guardians approve of the travel arrangements. In cases of custody orders restricting travel, this document provides legal clarity and prevents unauthorized trips.

A consent form is necessary when a minor travels:

- Alone
- With a school, sports, religious, or musical group
- With one legal guardian or parent
- With a family friend or relative
- With a daycare provider

#### DO I NEED A MINOR TRAVEL CONSENT FORM?

Most airlines classify anyone under 18 as a minor. If your child is under 18, a consent form is typically required for international travel, or when traveling with someone who isn't their legal guardian.

For certain age groups (e.g., 5-12 or 5-14), airlines may have additional unaccompanied minor procedures that must be followed alongside this form.

#### CHECKLIST FOR COMPLETING A MINOR TRAVEL CONSENT FORM

To ensure a smooth travel experience, follow these steps:

- 1. Collect the child's and accompanying adult's personal information.
- 2. Confirm trip details (destination, travel dates, purpose).
- 3. Check airline requirements for travel consent and notarization.
- 4. Verify U.S. embassy requirements for the destination country.
- 5. Ensure all legal guardians provide consent.
- 6. Provide emergency contact details.
- 7. Schedule notarization, if necessary.

## REQUIREMENTS FOR U.S. CITIZEN CHILDREN TRAVELING INTERNATIONALLY

- Outside the U.S.: A U.S. passport, notarized consent letter, and any airline-required unaccompanied minor forms.
- To Canada or Mexico: A U.S. passport, Trusted Traveler Program card, notarized consent letter, and any required airline forms.

#### HOW TO WRITE A CHILD TRAVEL CONSENT FORM

- 1. Child's Information: Full name, birthdate, birthplace, passport details.
- 2. Parent/Guardian Information: Name(s), phone number, address.
- 3. Accompanying Adult's Information: Name, relationship to child, passport details.
- 4. Trip Details: Destination, travel dates, purpose, accommodation details.
- 5. **Medical Authorization:** State whether the escort has permission for medical decisions.
- 6. Emergency Contact Information: Include at least one reliable emergency contact.
- 7. Child's Medical Insurance Information: Provide necessary medical details.

#### TRAVEL SCENARIOS AND REQUIREMENTS

#### 1. What if a Child Travels Alone?

- Children 15+ may fly domestically without unaccompanied minor procedures.
- Children **5-14** typically require airline-specific unaccompanied minor procedures, including consent forms.
- International travelers must carry a passport, visa (if required), and a parental consent form.

#### 2. What if a Child Travels With One Parent?

- If separated/divorced, the traveling parent should **obtain written consent from the other parent**.
- Even if parents are together, a **consent form is advisable** to avoid complications.
- If sole custody applies, carry a court custody document.

#### 3. What if a Child Travels With a Legal Guardian?

- Legal quardians usually have travel authority but may need a consent form if:
  - The child's other legal guardian isn't traveling.
  - They have a different last name than the child.
  - o A court order restricts travel.
  - The airline has specific requirements.

### **CHILD TRAVEL CONSENT FORM**

#### MINOR CHILD INFORMATION

| Last Name:                  | Firs                  | t Name:                 | Middle Name                                       |
|-----------------------------|-----------------------|-------------------------|---|
| Date of Birth:              | Birthplace:           |                         | Gender:   |
| Passport Number:            | Bir                   | th Certificate Numb     | oer:  |
| PARENT/GUARDIAN INFO        | RMATION               |                         |   |
| Last Name:                  | Firs                  | t Name:                 | Middle Name                                       |
| Address:                    |                       |                         |   |
|                             |                       |                         |   |
| Government-issued ID Numb   | er:                   | (Atta                   | nch a photocopy of parent/guardian identification |
| ACCOMPANYING ADULT'S        | SINFORMATIC           | N (IF APPLICABL         | E)  |
| LastName:                   | Fi                    | rstName:                | MiddleName:                                       |
| Address:                    |                       | City:                   | State/Zip Code:                                   |
| Phone Number:               |                       | Email:                  |   |
| Relationship to Child:      |                       | Passport Num            | ber:  |
| TRIP DETAILS                |                       |                         |   |
| Destination:                |                       | Travel Dates:           | From to   |
| Purpose of Travel:          |                       |                         |   |
| Mode of Transportation:     |                       |                         |   |
| (Flight, train, bus, or cru | ise details including | company name, flight ni | umber, or booking reference)                      |
| Accommodation Address:      |                       |                         |   |
| Host Contact Information:   |                       |                         |   |
| EMERGENCY CONTACT           |                       |                         |   |
| Name:                       |                       | Phone:                  |   |

#### **MEDICAL AUTHORIZATION**

| Does the accompanying adult have the authority to seek medical treatment for the child?                       |
|---|
| □ Yes □ No  |
| Allergies or Medical Conditions:  |
| Medications:  |
| Health Insurance Provider:Policy Number:  |
| GUARDIAN'S TRAVEL PERMISSION STATEMENT  |
| give full permission for my child,to [Parent/Guardian Name] [Child's Name]                                    |
| [Accompanying Adult Name] and I confirm that this consent is  |
| PARENT/GUARDIAN SIGNATURE   |
| Signature: Date:  |
| NOTARY PUBLIC STATEMENT   |
| STATE OF  |
| COUNTY OF   |
| On this day of, 20, before me, Notary Public,   |
| personally appeared, known to be the parent/legal guardian of   |
| and acknowledged that they executed the foregoing  Child Travel Consent Form as their free and voluntary act. |
| NOTARY PUBLIC:  |
| Signature:  |
| Printed Name:   |
| Commission Expiry:  |