

PERMISSION TO TRAVEL WITH MINORS

I/We:	and	
PARENT or GUARDIAN NAME(s)		
understand that my/our minor child(ren):		
CHILD'S NAME		
CHILD'S NAME		
will be traveling to		
Fiji on DESTINATION		
DESTINATION	DATE OF TRAVEL	
aboard Airline/Flight		
with		
• •		
Relationship of Accompanying Adult to Mir	nor(s)	
Child(ren) expected date of return is		
As the child(ren)'s guardian(s), I/We have r	reviewed the trip guidelines and conse	ent to this trip.
Signed	and	
Address:		
Telephone Contact for Parent/Guardian(s):	:	
Witness Signature		
Witness Print Name:		