

Stratos Jet Charters, Inc. 243 West Park Avenue Suite 201 Winter Park, FL 32789 1.888.478.7286 1.888.488.6599 fax info@stratosjets.com

## **Parental Consent and Acknowledgement**

| I,  | , ma                          | , make an oath and state that I am the                              |                           |                           |                              |  |
|---|-------------------------------|---|---------------------------|---------------------------|------------------------------|--|
| (First and Last Name of Non-Traveling Parent/Guardian)  | and shared legal guardian of: |   |                           |                           |                              |  |
| (Mother/Father/Guardian)  |                               |   | 0 0                       |                           |                              |  |
| (First, Middle, Last Name of Child)   | _, gender                     | (Male)  | ( Female)                 | born on _                 | (MM/DD/YYYY)                 |  |
| (First, Middle ,Last Name of Child)   | _, gender<br>_, gender        | (Male)<br>O<br>(Male)   | (Female)<br>O<br>(Female) | born on _<br>born on _    | (MM/DD/YYYY)<br>(MM/DD/YYYY) |  |
| 1) The above mentioned minor child(ren) have<br>(First and Last Name of Traveling Parent/Guardian),   | my conse                      | ny consent to travel with<br>and shared<br>(Mother/Father/Guardian) |                           |                           |                              |  |
| <ul> <li>legal guardian of above mentioned child.</li> <li>2) This consent is valid for travel starting on or about</li> <li>(MM/DD/YYYY).</li> </ul> | r about                       | (MM/DL  | D/YYYY)                   | to                        | (Travel Destination)         |  |
| 3) I authorize and recommend  | hild requir<br>may also       | es eme<br>make a  | rgency m<br>Irrangeme     | edical trea<br>ents and d | atment at a time or          |  |
| 4) In the absence of  | ling Parent/Gu<br>be made     | ,<br>ardian)<br>to me,  | should a                  | ny medica                 | al, travel, or personal      |  |
| If immediate communication is not possible, th  | ese decisi<br>is the          | ons are   | e to be ma                | ade by a th               |                              |  |
| Signed:   |                               | C   | Date:                     |                           |                              |  |
| Signed:   | t/Guardian)                   |   |                           | (                         | (MM/DD/YYYY)                 |  |
| (Print First & Last Name of Non-Traveling Parent/Guardian)  |                               | No  | otary Put                 | olic Signa                | ture/Seal:                   |  |
| (Address Line 1)<br>(Address Line 2)  |                               |   |                           |                           |                              |  |
| (Phone Number)  |                               |   |                           |                           |                              |  |
| (Alternate Phone Number)  |                               |   |                           |                           |                              |  |
| (Email Address)   |                               |   |                           |                           |                              |  |

\*\*\*Email flightplanning@stratosjets.com or fax (1.888.488.6599) this form\*\*\*