



# Notarized forms for your child's SLT

A step-by-step guide for parents and guardians of students under 18.  
Which forms you need, how to fill them in, where to get them  
notarized, and how to send them to MEDLIFE.

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Questions? [info@medlifemovement.org](mailto:info@medlifemovement.org) or 1-844-633-5433



## Part 1

# Before you start

What these forms are and why your child needs them.

Thank you for supporting your child's Service Learning Trip with MEDLIFE! Because your child is traveling internationally without you, a few forms need your signature and a notary's stamp before the trip. This guide walks you through each one.

## Does my child need notarized forms?

In most of the countries where MEDLIFE operates, anyone **under 18 years old** is considered a minor. If your child will be under 18 on the day they travel, these forms are required.

Go by your child's age on the travel date, not today's date.

## What does “notarized” mean?

A notary is an official who confirms your identity and watches you sign a document, then adds their stamp or seal. It's a quick, routine step. You can use any notary public, so choose one **close to your home or work**. Notaries are often available at banks, shipping and print stores, and some libraries.

Call ahead to confirm the notary is available, and let them know how many people will be signing.

## Why are these forms needed?

**For travel and immigration.** Your child will carry a **printed, notarized copy** of the travel consent form during the trip. Immigration officers may ask to see it when your child leaves your home country and when they arrive at their destination. This is a standard check for minors traveling without their parents, and having it ready helps your child move through the airport smoothly.

Pack the originals in your child's carry-on bag with their passport, not in checked luggage. A photo on their phone is a good backup.

**For hotel check-in.** In many countries, hotels can only host guests under 18 with written consent from a parent or guardian. For example, in Peru, hotels follow national child-protection standards set by the Ministry of Foreign Trade and Tourism (MINCETUR), which require staff to verify that minors are traveling with their family's permission. These are the same kinds of safeguards responsible hotels follow around the world, and they exist to keep young travelers safe. Your notarized consent lets the hotel welcome your child without delays.

## Stay in the loop

During registration, parents and guardians of minors are listed as **emergency contacts**, so MEDLIFE can reach you if anything comes up. If you'd also like to be included in **all trip coordination** (updates, schedules, and reminders), ask your child's **chapter coach** to add you.

Not sure who the chapter coach is? Email [info@medlifemovement.org](mailto:info@medlifemovement.org) and we'll connect you.

## Part 2

# Get your forms

Everything starts with an email from MEDLIFE.

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## Watch for the email from MEDLIFE

As the trip gets closer, you and your child will both receive an email titled **“We have a Request for Notarized Forms Submission”**. It includes your child’s **travel insurance details** (carrier and policy number), the **hotel address and MEDLIFE phone number** to write on the forms, and a **Complete Form Here** button.

Can’t find it? Check your Spam or Promotions folder, or ask your child whether they received it.



# We have a Request for Notarized Forms Submission

Hello [REDACTED]

I hope you are well. As we approach the date for your trip, we require the completion of specific notarized forms to ensure your participation.

## Notary-Signed Travel Forms:

Please see your insurance information below for your trip with MEDLIFE.

**Insurance Carrier:** Trawick International

**Your Personal Insurance Policy Number:** [REDACTED]

Minors traveling without a parent or guardian need two forms: one for MEDLIFE, and one for your country of residence. These documents, linked below, require printing and filling in with insurance details, followed by notarization. Completed forms should be emailed back before a 5-day pre-departure deadline. **It's essential to carry these forms while traveling.** Please follow the guidance provided below.

**a) Check the box:** "This child has my / our consent to travel alone."

**b) Address:** "Sol de Oro Hotel & Suites. Ca. San Martín 305, Miraflores 15074. Peru."

**c) Phone Number:** "+51 991 870 093" (you may list my email at [trips@medlifemovement.org](mailto:trips@medlifemovement.org))

[Complete Form Here](#)

Please do not hesitate to contact me if you have any questions or require assistance with the forms.

The MEDLIFE email (personal details blurred)

The instructions in the email cover both the U.S. and Canadian forms, so your form may not have a spot for every item. That's completely fine. Just fill in the fields your form includes.

### Use your own email's details

Copy the exact details from your own email. The hotel and phone number depend on your child's trip.

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## Know which forms you need

| Form                                                                     | Who needs it                       | Signed by              |
|--------------------------------------------------------------------------|------------------------------------|------------------------|
| Affidavit of Parental Consent (United States) or Consent Letter (Canada) | Every family (choose your country) | Parents or guardians   |
| Minority Release                                                         | Every family                       | Your child and parents |
| Aquatic Activities Agreement (swimming)                                  | Costa Rica trips only              | Your child and parents |

Print each form and fill it in. **Don't sign anything yet.** All signatures happen in front of the notary.

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## Open the upload page

Click **Complete Form Here** in your email, or go to [share.hsforms.com/1ppaJwtztROSWixaEKC2CuActv6t](https://share.hsforms.com/1ppaJwtztROSWixaEKC2CuActv6t). You'll see **"Submit your Notarized Information!"** The form links on this page match the ones above.



## Submit your Notarized Information!

Volunteer Email \*

The same email you used for your registration

Affidavit \*

Please upload your respective signed and notarized country's affidavit of parental consent here.

Use [this document](#) for United States volunteers

Use [this document](#) for Canada volunteers

No file chosen

Minority Release \*

Please upload your signed and notarized MEDLIFE Minority Consent here.

Use [this document](#).

No file chosen

Swimming Permission (Only for Costa Rica Travelers)

Please upload your signed and notarized MEDLIFE Swimming Permission here.

Use [this document](#).

No file chosen

☐ I agree to receive other communications from MEDLIFE. \*

☐ By checking this box, I acknowledge and agree to receive text messages, including promotional messages, notifications, and updates, from a MEDLIFE Advisor. I understand that I can reply STOP to any message to unsubscribe from future communications.

protected by reCAPTCHA



The upload page

### Part 3

## Your country's consent form

Complete the United States or Canada version, depending on where you live.

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## United States families

Download: [Affidavit of Parental Consent \(United States\)](#). Type or print clearly, and use **full legal names** only.

### Parent and child information

Next to **"I / WE,"** write the full legal name of each parent or guardian, one per line, and circle **Mother**, **Father**, or **Legal Guardian**. Leave the second line blank if only one is signing. Next to **"Of Said Minor Child,"** write your child's full legal name, **age** (on the day the trip starts), and **birthdate**.

**AFFIDAVIT OF PARENTAL CONSENT**  
**For Travel Outside The United States Of A Minor Child - Without Both Birth Parents Traveling**  
PLEASE TYPE OR PRINT CLEARLY & USE ONLY FULL LEGAL NAMES

I / WE, \_\_\_\_\_ Mother / Father / Legal Guardian  
\_\_\_\_\_ Mother / Father / Legal Guardian

Of Said Minor Child: \_\_\_\_\_ Age: \_\_\_\_\_ / Birthdate: \_\_\_\_\_

Parent and child information

### Who your child travels with

Next to **"Do Hereby Authorize To Travel As A Guardian..."** write the **full name of your child's chaperone** and their relationship (for example, "Jane Smith, chaperone").

Don't know who the chaperone is? Email [info@medlifemovement.org](mailto:info@medlifemovement.org). Ask early so it doesn't hold up your notary visit.

Do Hereby Authorize To Travel As A Guardian Of Said Minor Child: \_\_\_\_\_ (relationship)

Chaperone line

## Countries and travel dates

Circle **me** (one parent) or **us** (two), and circle **air & land vacation**. On the lines below, write the trip country (for example, "Peru"). Fill in **From** and **To** with your child's trip dates from the WeTravel Manage Booking page.

Write the month as a word (for example, "June") to avoid date-format mix-ups.

|                                                                                                |            |                |               |
|------------------------------------------------------------------------------------------------|------------|----------------|---------------|
| To The Following Countries Without <b>me / us</b> ON A <b>cruise / air &amp; land vacation</b> |            |                |               |
| <hr/>                                                                                          |            |                |               |
| <hr/>                                                                                          |            |                |               |
| From:                                                                                          | Day: _____ | / Month: _____ | / Year: _____ |
| To:                                                                                            | Day: _____ | / Month: _____ | / Year: _____ |

Countries and dates

## Insurance and medical decisions

Circle **I** or **We**, then circle both **HAVE** (every SLT includes emergency medical insurance) and **AUTHORIZE** (lets the chaperone make medical treatment decisions if needed).

(answer and circle appropriate choices below)

**I / We HAVE / DO NOT HAVE** Major Medical Insurance that will cover this child for medical treatment outside the United States;

**I / We AUTHORIZE / DO NOT AUTHORIZE** the above named person to make medical treatment decisions for the minor child listed above if needed. Below is our Emergency Contact Information:

Insurance and medical decisions

## Contact information and signatures

Fill in one contact block for each parent or guardian: **full legal name, home address, and phone numbers** (mobile and home or work). Leave unused blocks blank. Leave the **notary section** at the bottom blank; the notary completes it and places their seal in the circle.

### Do not sign in advance

Each parent or guardian should sign and date **in front of the notary**, who then completes the section under each signature. Everyone signing brings a valid photo ID (passport or driver's license).

## Guardians

Legal guardians: bring a certified copy of your guardianship papers.

needed. Below is our Emergency Contact Information:

Name: \_\_\_\_\_

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

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_  
*(Signature Of Non-Traveling Birth Parent(s) / Legal Guardian • To Be Signed In Front Of A Notary Public Only)*

Name: \_\_\_\_\_

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

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_  
*(Signature Of Non-Traveling Birth Parent(s) / Legal Guardian • To Be Signed In Front Of A Notary Public Only)*

Name: \_\_\_\_\_

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

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Phone: ( \_\_\_\_ ) \_\_\_\_\_

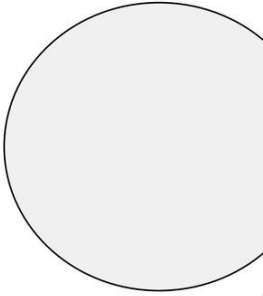
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

Signature Of Notary Public: \_\_\_\_\_

Notary Public in and for the County of \_\_\_\_\_, And the State Of \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

**Affix Notary Seal At The Right Side Of Page in space provided.**



Contact blocks, signatures, and notary section

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## Canadian families

Download: **Consent Letter (Canada)**. This is the Government of Canada's recommended consent letter. Use **full legal names**, exactly as on passports.

The form mentions an interactive version at [travel.gc.ca/letter](https://travel.gc.ca/letter). Please use the MEDLIFE-provided form instead, so your submission matches what our team expects.

### Parent or guardian information

Next to **"I / We,"** write each parent or guardian's full name, then your **address** (street and city; province/state and country), **telephone**, and **email**.

### Recommended Consent Letter for Children Travelling Abroad

The following sample consent letter, provided by Global Affairs Canada, can be modified to meet your specific needs. For instructions and an interactive form you can use to create a customized letter, visit [travel.gc.ca/letter](https://travel.gc.ca/letter).

To whom it may concern,

I / We,

\_\_\_\_\_  
*full name(s) of parent(s) / person(s) / organization giving consent*

Address:

\_\_\_\_\_  
*street address, city*

\_\_\_\_\_  
*province/state, country*

Telephone and email:

\_\_\_\_\_  
*telephone*

\_\_\_\_\_  
*email*

am / are the parent(s), legal guardian(s) or other authorized person(s) or organization with custody rights, access rights or parental authority over the following child:

Parent information

## Your child's information

Write your child's **full legal name, date and place of birth, passport number and date of issue** (please fill these in even though the form says "if available"), **issuing country**, and **birth certificate registration number** with the province or territory that issued it.

### Watch the date format

This form puts the **day first** (dd/mm/yyyy). For example, 25/08/2009 means August 25, 2009.

#### Information about travelling child

Name:

\_\_\_\_\_  
*child's full name*

Date and place of birth:

\_\_\_\_\_  
*dd/mm/yyyy*

\_\_\_\_\_  
*city, province/territory*

Number and date of issue of passport (if available):

\_\_\_\_\_  
*number*

\_\_\_\_\_  
*dd/mm/yyyy*

Issuing authority of passport (if available):

\_\_\_\_\_  
*country where passport was issued*

Birth certificate registration number

\_\_\_\_\_  
*number*

Issuing authority of birth certificate

\_\_\_\_\_  
*province / territory where birth certificate was issued*

Child information

## Accompanying person

Check the box **"This child has my / our consent to travel alone."** This is the simplest option, so leave the "travel with" fields blank.

#### Information about accompanying person (leave blank if child is travelling alone)

This child has my / our consent to travel alone ☐ **or**

This child has my / our consent to travel with

The "travel alone" checkbox

## Contact information during the trip

Go back to your **“We have a Request for Notarized Forms Submission”** email for these details:

- **Destination(s):** the trip country (for example, “Peru”).
- **Travel dates:** departure to return (dd/mm/yyyy).
- **To stay with / at:** the hotel name from your email.
- **Address:** the hotel address from your email.
- **Telephone and email:** the MEDLIFE phone number from your email and [trips@medlifemovement.org](mailto:trips@medlifemovement.org).

| Contact information during trip                      |                                                                                      |
|------------------------------------------------------|--------------------------------------------------------------------------------------|
| I / We give our consent for this child to travel to: |                                                                                      |
| Destination(s):                                      | <i>name of destination country / countries</i>                                       |
| Travel dates:                                        | <i>date of departure to date of return</i>                                           |
| to stay with / at (if applicable)                    | <i>name of person with whom child will be staying / hotel or other accommodation</i> |
| at the following address(es)                         | <i>street address(es), city (cities)</i>                                             |
|                                                      | <i>province(s)/state(s), country (countries)</i>                                     |
| Telephone and email                                  |                                                                                      |

Contact information during the trip

## Signatures

The form allows a witness *or* a notary, but **MEDLIFE requires notarization**.

### Do not sign in advance

Each parent or guardian should sign and date **in front of the notary**, who then completes the section under each signature. Everyone signing brings a valid photo ID (passport or driver’s license).

## Part 4

# MEDLIFE Minority Release

Required for every family. Your child signs this one too.

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## Complete the Minority Release

Download: [Minority Release](#). In short, your child agrees to stay with the MEDLIFE group at all times, remain under the supervision of MEDLIFE leaders, and follow their directions throughout the trip. Please read the full agreement before signing.

### Names

Write the full legal names of **A. Volunteer** (your child, the student traveling), **B. Parent 1**, and **C. Parent 2** (leave blank if only one parent or guardian is signing).

#### ACKNOWLEDGMENT AND AGREEMENT

This Acknowledgment and Agreement ("Agreement") is executed by and between: A.

\_\_\_\_\_ (Volunteer) B. \_\_\_\_\_ (Parent 1) C. \_\_\_\_\_ (Parent 2)

Names

### Trip dates and location

In paragraph 1, fill in your child's trip **start and end dates** and the **location**. Use the same details as on your country's consent form.

MEDLIFE, INC. ("MEDLIFE")

1. Volunteer, Parent 1, and Parent 2 acknowledge and agree that as a condition of participating in a MEDLIFE service trip and educational experience from \_\_\_\_\_ to \_\_\_\_\_ [dates] in \_\_\_\_\_ [location], including travel to and from said location and travel during the duration of the program [the "Program"], Volunteer agrees that he/she will remain at all times with the MEDLIFE group and under the supervision of the MEDLIFE leader(s), and will comply fully and promptly with all requests and directives of the MEDLIFE leader(s).

Trip dates and location

## Insurance

Go back to your **“We have a Request for Notarized Forms Submission”** email and copy the insurance details from there:

- Put a mark (✓ or X) on the line before **“does”**. All MEDLIFE participants have medical insurance included.
- **Insurance carrier:** Trawick International
- **Policy #:** your child’s personal policy number, exactly as shown in the email.

3. Volunteer, Parent 1, and Parent 2 further acknowledge and agree that they, and each of them, release MEDLIFE, its leaders, employees, directors, officers, and agents (“Releasees”) from any and all claims and causes of action, whether for bodily or personal injury or death, property loss, breach of contract, or other harm of any kind or nature, arising out of or relating to Volunteer’s failure to comply with his/her obligations under 1 or 2 above. Volunteer, Parent 1, and Parent 2 covenant and agree not to sue the Releasees or any of them on the basis of any claim hereby released, and agree to indemnify and hold harmless Releasees, and each of them, from any damages any of them may incur by reason of any actions undertaken by Volunteer in violation of his/her obligations under 1 or 2 above.

Volunteer \_\_\_\_\_ does \_\_\_\_\_ does not have medical insurance covering him/her during the Program.  
Insurance carrier: \_\_\_\_\_. Policy # \_\_\_\_\_

Insurance details

## Signatures

Signature blocks: **A. Volunteer** (your child), **B. Parent 1**, **C. Parent 2**. Leave the **MEDLIFE, INC.** line at the bottom blank.

### Do not sign in advance

Your child and each parent sign and date **in front of the notary**, who then completes the section under each signature. Everyone signing brings a valid photo ID (passport or driver’s license).

Signed as of the date written after each signature:

A. \_\_\_\_\_ Date: \_\_\_\_\_  
**Volunteer**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by  
\_\_\_\_\_ (name of Volunteer).

\_\_\_\_\_  
(name of Notary Public)

Notary public in the state/province of \_\_\_\_\_, county of \_\_\_\_\_. My commission  
expires: \_\_\_\_\_

Signature and notary blocks

## Part 5

# Swimming Permission

Costa Rica trips only.

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## Complete the Aquatic Activities Agreement

Download: [Aquatic Activities Agreement](#). Costa Rica trips include optional beach, pool, and waterfall activities. This form lets you choose which ones your child may join.

### Names

Write the names of **A. Student Volunteer** (your child), **B. Parent 1**, and **C. Parent 2** (if applicable).

#### ACKNOWLEDGMENT AND AGREEMENT

Participation in Aquatic Activities

This Acknowledgment and Agreement ("Agreement") is executed by and between:

A. \_\_\_\_\_ (Student Volunteer) B. \_\_\_\_\_ (Parent 1) C.  
\_\_\_\_\_ (Parent 2).

Names

### Dates, location, and permission

Fill in the trip dates and location (for example, "Tamarindo, Costa Rica"), then write the names again in the permission sentence.

B. MEDLIFE, INC. ("MEDLIFE")

1. Student Volunteer, Parent 1, and Parent 2 acknowledge and agree that as a condition of participating in a MEDLIFE service trip and educational experience from \_\_\_\_\_ to \_\_\_\_\_ [dates] in \_\_\_\_\_ [location], during the following aquatic activities available throughout the MEDLIFE Service Learning Trip (noted by a checkmark below), Volunteer agrees that he/she will remain at all times with the MEDLIFE group and under the supervision of the Supervision Leader(s) listed below, and will comply fully and promptly with all requests and directives of said Supervision Leader(s). B. \_\_\_\_\_ (Parent 1) C. \_\_\_\_\_ (Parent 2) hereby grants permission for A. \_\_\_\_\_ (Student Volunteer) to participate in the following aquatic activities available during the MEDLIFE Service Learning Trip, **noted by the checkmarks assigned below**. Volunteer, Parent 1 and Parent 2 understand and acknowledge the nature of these activities and the associated risks involved.

Paragraph 1

## Choose the activities

For each activity, put a checkmark under **YES** or **NO**. Every row needs one answer.

Choose based on your child's swimming ability and comfort in the water. Marking YES confirms your child has the fitness and swimming skills for that activity.

### Please note

The **hotel pool** is the only activity **without certified lifeguards**. It's supervised by staff and/or chaperones, not all of whom are CPR-certified.

Volunteer, Parent 1 and Parent 2 check the following boxes that apply to Student Volunteer:

| Aquatic Activities                       | Supervision Leaders                                                                         | Location                        | Day                       | YES | NO |
|------------------------------------------|---------------------------------------------------------------------------------------------|---------------------------------|---------------------------|-----|----|
| Swimming at Manuel Antonio Beach         | Certified Lifeguards,<br>+ Staff and/or Chaperone                                           | Manuel Antonio National Reserve | Sunday                    |     |    |
| Walking by the beach - Tamarindo         | Certified Lifeguards,<br>+ Staff and/or Chaperone                                           | Tamarindo Beach                 | Thursday                  |     |    |
| Walking by the beach - Langosta          | Certified Lifeguards,<br>+ Staff and/or Chaperone                                           | Langosta Beach                  | Thursday                  |     |    |
| Swimming in the hotel pool               | <b>No Certified Lifeguards.</b><br>Staff and/or Chaperone<br><b>(not all CPR-certified)</b> | Hotel Tamarindo Village         | From Thursday to Saturday |     |    |
| Swimming at Llanos del Cortes Waterfalls | Certified Lifeguards,<br>+ Staff and/or Chaperone                                           | Llanos del Cortes Waterfalls    | Saturday                  |     |    |

Aquatic activities

## Insurance

Go back to your **“We have a Request for Notarized Forms Submission”** email and copy the insurance details from there:

- Put a mark (✓ or X) on the line before **“does”**. All MEDLIFE participants have medical insurance included.
- **Insurance carrier:** Trawick International
- **Policy #:** your child’s personal policy number, exactly as shown in the email.

3. Student Volunteer, Parent 1, and Parent 2 further acknowledge and agree that they, and each of them, release MEDLIFE, its leaders, employees, directors, officers, and agents (“Releasees”) from any and all claims and causes of action, whether for bodily or personal injury or death, property loss, breach of contract, or other harm of any kind or nature, arising out of or relating to Student Volunteer’s failure to comply with his/her obligations under 1 or 2 above. Student Volunteer, Parent 1, and Parent 2 covenant and agree not to sue the Releasees or any of them on the basis of any claim hereby released, and agree to indemnify and hold harmless Releasees, and each of them, from any damages any of them may incur by reason of any actions undertaken by Student Volunteer in violation of his/her obligations under 1 or 2 above.

Student Volunteer \_\_\_ does \_\_\_ does not have medical insurance covering him/her during the Program.

Insurance carrier: \_\_\_\_\_, Policy # \_\_\_\_\_

Insurance details

## Signatures

Your child and each parent sign. Leave the **MEDLIFE, INC.** line blank.

### Do not sign in advance

Your child and each parent sign and date **in front of the notary**, who then completes the section under each signature. Everyone signing brings a valid photo ID (passport or driver’s license).

Signed as of the date written after each signature:

A. \_\_\_\_\_ Date: \_\_\_\_\_

**Student Volunteer**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by  
\_\_\_\_\_ (name of Volunteer).

\_\_\_\_\_ (name of Notary Public)

Notary public in the state/province of \_\_\_\_\_, county of \_\_\_\_\_. My commission  
expires: \_\_\_\_\_

B. \_\_\_\_\_ Date: \_\_\_\_\_

**Parent 1**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by  
\_\_\_\_\_ (name of Volunteer).

\_\_\_\_\_ (name of Notary Public)

Notary public in the state/province of \_\_\_\_\_, city/county of \_\_\_\_\_. My commission  
expires: \_\_\_\_\_

C. \_\_\_\_\_ Date: \_\_\_\_\_

**Parent 2**

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by  
\_\_\_\_\_ (name of Volunteer).

\_\_\_\_\_ (name of Notary Public)

Notary public in the state/province of \_\_\_\_\_, county of \_\_\_\_\_. My commission  
expires: \_\_\_\_\_

Signature and notary blocks

## Part 6

# Notarize and submit

One visit, one upload, and the originals go in the carry-on.

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## Visit the notary

Bring all your printed, unsigned forms, **your child**, and a **valid photo ID** for everyone signing. Parents sign the country consent form; your child and parents sign the Minority Release and, for Costa Rica, the Swimming Permission.

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## Upload your notarized forms

Scan or photograph each notarized form, then go to [share.hsforms.com/1ppaJwtztROSWixaEKC2CuActv6t](https://share.hsforms.com/1ppaJwtztROSWixaEKC2CuActv6t).

1. **Volunteer Email:** the email used to register your child. If you registered your child, use your email. If your child registered themselves, ask which email they used.
2. **Affidavit:** upload your country's notarized consent form.
3. **Minority Release:** upload the notarized MEDLIFE release.
4. **Swimming Permission:** Costa Rica trips only.
5. Check **"I agree to receive other communications from MEDLIFE"** (required). The text message box is optional.
6. Click **Submit**.

Not sure which email was used? Email [info@medlifemovement.org](mailto:info@medlifemovement.org) or call 1-844-633-5433 and we'll look it up.

Trouble uploading? Scan the notarized forms and email a copy to [info@medlifemovement.org](mailto:info@medlifemovement.org).

### Deadline

Submit at least **5 days before departure**, and check that every page and notary stamp is readable.

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## Pack the originals

Give the **original, notarized paper forms** to your child to carry in their carry-on bag with their passport. Immigration officers and the hotel may ask to see them.

## FAQ

# What if I'm traveling with my child?

### Different hotel? Forms are required

If you're traveling with your child but **staying in a different hotel**, you **must complete all the notarized forms**. Your child will be staying without a parent or guardian, so the hotel needs your notarized consent.

If you're joining as a **chaperone or traveling parent** and staying in the same hotel, MEDLIFE still strongly recommends following your government's guidance, which generally suggests having **both parents complete the documents**.

**Canadian families.** The Government of Canada recommends a consent letter for all cross-border travel when a child is traveling alone, **with only one parent or guardian**, with friends or relatives, or **with a group** such as a school or sports group, including trips where the child is with one parent for only part of the journey. Learn more at [travel.gc.ca/letter](https://travel.gc.ca/letter).

**U.S. families.** The U.S. government notes that many countries have security measures at ports of entry to protect children. If you travel alone with your child, you **may be asked for documents proving you're the parent or guardian**, and possibly a **letter of permission from the other parent**. Learn more at [travel.state.gov](https://travel.state.gov).

Every family's situation is different, so please review your government's guidance and decide what works best for you.

# Need help?

Email [info@medlifemovement.org](mailto:info@medlifemovement.org)

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Phone (U.S. and Canada) [1-844-633-5433](tel:1-844-633-5433)

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Upload page [share.hsforms.com/1ppaJwtztROSWixaEKC2CuActv6t](https://share.hsforms.com/1ppaJwtztROSWixaEKC2CuActv6t)

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Medical information [trips@medlifemovement.org](mailto:trips@medlifemovement.org)

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MEDLIFE Service Learning Trips

[info@medlifemovement.org](mailto:info@medlifemovement.org)

[1-844-633-5433](tel:1-844-633-5433)