

AU INTERNAL APPROVAL FORM FOR MINORS PARTICIPATING IN AUBURN ABROAD PROGRAMS

4/27/04 - Updated 5/06/04

The policy of Auburn University Office of International Education is to **NOT recommend minors (student under the age of 19 in the state of Alabama) to participate on AU study abroad program unless they turn 19 PRIOR to the departure date of the program.** Based on advice from other universities (including risk managers), minors pose the following concerns for participation in study abroad programs: level of maturity within mixed groups of older students, medical care and parental expectations in time of crisis, issues involving alcohol, substance abuse, etc. and related daily minor supervision issues including age specific services for said minor while on the AA program. Minors accompanied by parents or a legal guardian who are not themselves the AA teaching faculty or employees of the program may be approved on a case by case basis to participate on the AA programs. All final decisions related to participation of minors will be made by the Provost/Vice President for Academic Affairs based on recommendations by the academic units and Office of International Education (SEE AU OIE MINOR POLICY for further details)

As AA programs are operated under the auspices of colleges and their departments, said units will make recommendations to the Office of International Education for transmittal to the Office of the Provost. Academic unit recommendations should provide the following:

1. Require the parents or guardians of the minor child to complete the appropriate notarized Affidavit of Consent to travel and custodian/supervision form, and
2. Attach copies of the liability release forms, academic advising forms, and the medical power of attorney signed off on by the parents and or guardians as appropriate and
3. Attach the appropriate host notification and response documentation indicating that the hosting institution has been informed of the age of the participant and that all concerns of the host have been addressed and
4. Complete this internal authorization document and submit to OIE for the student file.

Regarding the participation of the minor identified below, we the undersigned hereby certify that the minor is academically eligible, recommend / do not recommend participation, OR OTHER-comments:

_____ (name) a minor (under the age of 19) on the _____ Auburn Abroad program from _____ until _____, in _____ (country). This minor is to be accompanied by the following guardian: _____ (name) _____ (SSN). The custodian for the purposes of the AA program IS / is NOT a university employee, IS / is NOT a program faculty/staff member, IS / is NOT a student participant in the AA program, IS / is NOT a representative of the hosting institution (_____) abroad.

- Please attach any other relevant information regarding the participation of this student. Is the running of this AA program contingent on the participation of this minor: YES, NO, Other

Typed Name _____, Dean, College of _____	Date _____
Signature _____	
Typed Name _____, Chair, Department _____	Date _____
Signature _____	
Name _____ Program Director (1)	Date _____
AU Study Abroad Program: _____	
Department of _____, College of _____	
Signature _____	
Name _____ Program Director (2)	Date _____
AU Study Abroad Program: _____	
Department of _____, College of _____	
Signature _____	

THIS FORM ALONG WITH ALL THE ATTACHMENTS REQUIRED MUST BE SENT TO THE OFFICE OF INTERNATIONAL EDUCATION, ASSIST. DIRECTOR FOR AUBURN ABROAD, 201 HARGIS HALL AT LEAST 60 DAYS PRIOR TO THE DEPARTURE OF THE PROGRAM.

AUBURN UNIVERSITY
PARENTAL CONSENT FORMS 4/27/04
FOR MINOR CHILDREN TRAVELING WITHOUT BOTH PARENTS, ON AU PROGRAMS

In addition to the child's citizenship documentation, a minor child under the age of 19 (age of majority in the state of Alabama, location of Auburn University), must have a legal guardian or PARENTAL CONSENT FORM from their birth parents to EXIT THE UNITED STATES AND ENTER MOST FOREIGN COUNTRIES. Parents should complete one of the forms listed below for each Minor Child under the age of 19 (AT THE TIME TRAVEL STARTS) to prevent immigration problems when entering or leaving the country.

When the form is completed, ONLY SIGN in the presence of a Notary Public

FORM #1: Both Parents Are Alive – If both parents are alive, and one or both of them will NOT be traveling with the minor child, the non-traveling parent(s) must complete the form giving a notarized affidavit of consent to the person traveling with the child indicating their authorization to take the minor child in and out of the country. Or to allow the minor child to travel on their own with no guardian.

FORM #2: One Birth Parent is Deceased - If one birth parent is deceased, and the surviving parent WILL be traveling with the minor child they need only to have in their possession a certified copy of the death certificate of the deceased birth parent and the minor child's citizenship documentation. However, if the surviving parent WILL NOT be traveling with the minor child, they must complete this form giving a notarized affidavit of consent to the person traveling with the child indicating their authorization to take the minor child in and out of the country and attach a certified copy of the death certificate of the other non-living birth parent.

FORM #3: Legal Guardian for Minor Child – If both parents are deceased, or you have legal guardianship of the minor child, and WILL be traveling with the minor child, you need only have in your possession a certified copy of your guardianship papers and the child's citizenship documentation. However, if the guardian(s) WILL NOT be traveling with the minor child, they must complete this form and have it notarized. The guardian(s) must then give this notarized affidavit of consent to the person traveling with the minor child, indicating their authorization to take the minor child in and out of the country and attach a certified copy of the guardianship papers to it.

Codes for Fill in Forms BELOW

- (a) The full name (*first, middle, last*) of the non-traveling parent(s) or legal guardian.
- (b) The relationship of the non-traveling parent(s) to the minor child.
- (c) The full name (*first, middle & last name as shown on their citizenship documentation*) of the person you authorize to travel with the minor child.
- (d) The relationship of this person to the minor child (*Father, mother, uncle, brother, sister, friend, teacher, etc.*)
- (e) The full name (*first, middle & last as shown on their citizenship documentation*) of the minor child.
- (f) The minor child's age at the time travel begins.
- (g) If the form requires, place the word "Me", "We", our "Us" in this space.
- (h) Name only the countries listed on the minor child's itinerary that they will be traveling to (*i.e. Bahaman, Mexico, etc. if on a cruise, list all countries the ship will actually dock at.*)
- (i) The date travel is to start.
- (j) The date child will be returning to the United States.
- (k) Answer the insurance, medical treatment and emergency medical notification section.

Disclaimer: These forms were correct at the time of publishing for most foreign countries. However due to the ever changing government regulations, we cannot be held responsible if a government will not accept its use. Please check with each country to be visited to verify the forms' use.

AFFIDAVIT OF PARENTAL CONSENT For Travel and Supervision Outside of the United States of a
Minor Child without Both Parents Traveling 4/27/04
FORM #1 - BOTH PARENTS ARE ALIVE (PLEASE TYPE OR PRINT CLEARLY)

I, _____ (a)
_____ (b) Of Said Minor Child, Do Hereby
Authorize _____ (c)
_____ (d) Of Said Minor Child to Travel as Custodian
of _____ (e), Age: _____ (f)
To the Following Countries without _____: (g)

_____ (h)

From: Day: _____ / Month: _____ / Year: _____ (i)

To: Day: _____ / Month: _____ / Year: _____ (j)

(k) I / We HAVE DO NOT HAVE Major Medical Insurance (attach copy of insurance cards) that will cover this child for medical treatment outside the United States; and that I / WE AUTHORIZE; DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above it needed. While the minor child is in the countries listed above, she/he will be in the Custodians care. I / WE HAVE; HAVE NOT granted my authorization and arrangements have been made for the **Custodian to act in place of me/us in times of emergency, such as when medical attention or intervention is required, as well as for day -to-day care and supervision of the minor as required.**

Specific instructions regarding supervision of the minor (i.e. if legal within the country of destination is the minor permitted to purchase/consume alcohol? other supervision expectations?) Attach any additional pages as needed or describe here

The following are our personal Emergency Contacts (24/7 for the duration of this document, complete all):

Name (Parent 1): _____ Phone (Work): _____
Email: _____ Phone (Home): _____
Address: _____
City/State/ Zip: _____

Name (Parent 2): _____ Phone (Work): _____
Email: _____ Phone (Home): _____
Address: _____
City/State/ Zip: _____

Alternate Name & Phone: _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC:

Signature: (Parent 1): _____
Print Name: _____
SSN - _____

Signature: (Parent 2): _____
Print Name: _____
SSN - _____

Subscribed and sworn to before me this _____ day of _____, 200__
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 the Page ---- **At a minimum six ORIGINAL copies must be signed with at least one original notarized copy presented to OIE for records purposes, one for Prog. Coord., one for the custodian, one per parent and one extra.**

AFFIDAVIT OF PARENTAL CONSENT 4/27/04

For Travel Outside of the United States of a Minor Child without Both Parents Traveling

FORM #2- ONE PARENT IS DECEASED (PLEASE TYPE OR PRINT CLEARLY)

I, _____ (a)
_____ (b) And surviving birth parent of said
Of Said Minor Child, Do Hereby Authorize _____ (c)
_____ (d) Of Said Minor Child to Travel as Custodian
of _____ (e), Age: _____ (f)

To the Following Countries without Me:

_____ (h)
_____ (h)

From: Day: _____ / Month: _____ / Year: _____ (i)

To: Day: _____ / Month: _____ / Year: _____ (j)

(k) I [] HAVE [] DO NOT HAVE Major Medical Insurance (attach copy of insurance cards) that will cover this child for medical treatment outside the United States; and that [] I [] AUTHORIZE; [] DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above it needed. While the minor child is in the countries listed above, she/he will be in the Custodians care. [] I [] HAVE; [] HAVE NOT granted my authorization and arrangements have been made for the Custodian to act in place of me/us in times of emergency, such as when medical attention or intervention is required, as well as for day -to-day care and supervision of the minor as required.

Specific instructions regarding supervision of the minor (i.e. if legal within the country of destination is the minor permitted to purchase/consume alcohol?, other supervision expectations?) Attach any additional pages as needed or describe here

[] The following is my personal Emergency Contacts (24/7 for the duration of this document, complete all):

Name (Parent) : _____ Phone (Work): _____

Email: _____ Phone (Home): _____

Address: _____

City/State/ Zip: _____

Alternate Name & Phone: _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC:

Signature: (Parent): _____

Print Name: _____

SSN - _____

Subscribed and sworn to before me this _____ day of _____, 200__

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 the Page ---- At a minimum six ORIGINAL copies must be signed with at least one original notarized copy presented to OIE for records purposes, one for Prog. Coord., one for the custodian, one for parent and one extra.

AFFIDAVIT OF PARENTAL CONSENT 4/27/04

For Travel Outside of the United States of a Minor Child without Both Parents Traveling
FORM #3 - LEGAL GUARDIAN(S) FOR MINOR CHILD (PLEASE TYPE OR PRINT CLEARLY)

I, _____(a)

The legal Guardian of said minor child, Do hereby authorize

_____(c)

_____(d) Of Said Minor Child to Travel as Custodian
of _____(e), Age: _____(f)

To the Following Countries without _____:(g)

_____(h)

_____(h)

From: Day: _____ / Month: _____ / Year: _____(i)

To: Day: _____ / Month: _____ / Year: _____(j)

(k) I / We HAVE DO NOT HAVE Major Medical Insurance (attach copy of insurance cards) that will cover this child for medical treatment outside the United States; and that I / WE AUTHORIZE; DO NOT AUTHORIZE the above named person to make medical treatment decisions for the minor child listed above it needed. While the minor child is in the countries listed above, she/he will be in the Custodians care. I / WE HAVE; HAVE NOT granted my authorization and arrangements have been made for the **Custodian to act in place of me/us in times of emergency, such as when medical attention or intervention is required, as well as for day -to-day care and supervision of the minor as required.**

Specific instructions regarding supervision of the minor (i.e. if legal within the country of destination is the minor permitted to purchase/consume alcohol? other supervision expectations?) Attach any additional pages as needed or describe here

The following are our personal Emergency Contacts (24/7 for the duration of this document, complete all):

Name (Guardian1): _____ Phone (Work): _____
Email: _____ Phone (Home): _____
Address: _____
City/State/ Zip: _____

Name (Guardian 2): _____ Phone (Work): _____
Email: _____ Phone (Home): _____
Address: _____
City/State/ Zip: _____

Alternate Name & Phone: _____

MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC:

Signature: (Parent 1): _____
Print Name: _____
SSN - _____

Signature: (Parent 2): _____
Print Name: _____
SSN - _____

Subscribed and sworn to before me this _____ day of _____, 200__
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 the Page ---- **At a minimum six ORIGINAL copies must be signed with at least one original notarized copy presented to OIE for records purposes, one for Prog. Coord., one for the custodian, one per parent and one extra.**

CUSTODIANSHIP DECLARATION 4/27/04
for minor participating in an Auburn Abroad program

STUDENT Information	SSN
Student Name as appears on passport	Citizenship Date of Birth (dd/mm/yyyy) Sex: M: <input type="checkbox"/> F: <input type="checkbox"/>
US address	
PARENT/GUARDIAN Information	SSN
Full Name	Date of Birth (dd/mm/yyyy) Telephone (Work)
E-mail Address	Telephone (Home)
Current Address	
CUSTODIAN Information	SSN
Full Name	Date of Birth (dd/mm/yyyy) Telephone (Work)
E-mail Address	Telephone (Home)
Current Address	
Present Employer/Position	

I, _____ (name of custodian), solemnly declare that I am a citizen of _____ or permanent resident of _____ and over the age of 19 years. I hereby declare to take on the full custodianship and supervisory responsibility for the said student _____ (student name) during his/her participation on the AU Auburn Abroad program _____ (name program) in _____ (countries).

As a custodian, I have made the necessary arrangements for the care and supervision of said minor in place of the said parent(s) _____ (name of parent or guardian in times of emergency, such as when medical attention or intervention is required, as well as for day-to-day care and supervision of the Student as appropriate. I am aware of the parent(s) instructions regarding supervision of this minor. (Parental travel and supervision releases are attached)

Indicate one of the following (AU Internal authorization/transmittal document required):

I am an employee of Auburn University and as an employee I am taking on this responsibility for the purposes of the Auburn Abroad program.

I am an employee of Auburn University and as such I am taking on this as a private individual and not as a condition of my employment and understand all the obligations and responsibilities.

I am not an AU employee and am taking on this responsibility as a private individual and understand the obligations and responsibilities. Please indicate relationship to the minor for which you will be custodian: (ie, brother, sister, aunt, uncle, personal friend, non AU teacher, etc.)

I am the representative of the hosting institution abroad and hereby agree as such to accept this minor for participation in the program and will provide all supervisory and responsibilities as required for this student.

Signature of custodian: _____ **Date:** _____

Printed Name _____

Subscribed and sworn to before me this ____ day of _____, 200__

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 the Page ----

At a minimum six ORIGINAL copies must be signed with at least one original notarized copy presented to OIE for records purposes, one for Prog. Coord., one for the custodian, one per parent and one extra.