



TRAVEL
INVESTMENT
ADVISORS

MGA - Minor Travel Authorization Form

Gourmet Systems LLC dba Michael Graham & Associates "MGA Travel"

Please note: Our Online form is a more secure way of submitting this information. [Found HERE.](#)

Thank you for the taking the time to provide this Information. Your completion of this form helps us secure important information needed. This information will be stored and used by MGA Travel on your behalf.

BASIC INFORMATION

Childs Full Name: _____ Date of Birth: _____

Child's gender at Time of Birth: Child is Traveling:
Male Alone
Female Under the Care of a Designated party
Other: _____

Authorizing Parent/Guardians Name(s): _____

Home Phone Number: _____ Your MGA Agents Name: _____

Work Phone Number: _____

Cell Phone Number: _____ Your Email Address: _____

Authorizers Relationship to Minor: _____
(Parents, Family Members, Legal Guardian, or Specify Other:)

TRAVEL INFORMATION

Type of Travel (choose all that apply): Air Cruise Vacation Escorted Tour Other: _____

Provider of Travel: _____ Travel Dates: _____
Cruise Line, Tour Company, Airline etc.

Itinerary: _____ Destination: _____

Minor is Traveling: Supervised Unsupervised

Traveling/Supervising Adult: _____

Supervising Adults Birthdate: _____

Traveling Supervisor Adult Relationship to to Minor: _____
(Parents, Family Members, Legal Guardian, or Specify Other:)

Minor's Medical Information: (MUST be completed)

Does the Minor Have Health Insurance? Minors Primary Doctor/Clinic Name: _____

Yes

Phone Number: _____

No

Does the Minor have any Allergies? _____

Is there any information we should know? _____

STATEMENT

By signing below I acknowledge that the information provided above is accurate, that my child, will be going on a trip with the Traveling/Supervisor Adult named above, in the dates entered above with the tour company mentioned above, traveling to the destinations mentioned above.

Flights will be required at the beginning and/or end of the trip. I authorize the Traveling/Supervisor Adult named above, to supervise my child and to permit the administration of medical treatment if required. I acknowledge that my child will participate in activities and excursions along the way.

Name of Parent/Legal Guardian Authorizing this Travel: _____

Today's Date: _____

This form also includes acknowledgement of receipt and acceptance of the Terms and Conditions and all supportive documents, which can be found at the bottom of the mgatravel.com site (see links below). Revision 12/16/2021.

Signature:
