

## Recommended Consent Letter for Children Travelling Abroad

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:

### 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*

### 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

Name: \_\_\_\_\_  
*full name of accompanying person*

Relationship to child: \_\_\_\_\_  
*mother, father, grandparent, sister, brother, relative, friend, other*

Number and date of issue of passport: \_\_\_\_\_  
*number* \_\_\_\_\_  
*dd/mm/yyyy*

Issuing authority of passport: \_\_\_\_\_  
*country where passport was issued*

### Contact information during trip

I / We give our consent for this child to travel to:

Destination(s): \_\_\_\_\_  
*name of destination country / countries*

Travel dates: \_\_\_\_\_  
*date of departure to date of return*

to stay with / at (if applicable) \_\_\_\_\_  
*name of person with whom child will be staying / hotel or other accommodation*

at the following address(es) \_\_\_\_\_  
*street address(es), city (cities)*

\_\_\_\_\_

\_\_\_\_\_ *province(s)/state(s), country (countries)*

Telephone and email \_\_\_\_\_

*This letter may be signed before a witness who has attained the age of majority (18) OR certified by an official who has the authority to administer an oath or solemn declaration (recommended).*

### Signature(s) of person(s) giving consent

\_\_\_\_\_

\_\_\_\_\_ *signature(s) of person(s) giving consent*

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

### Signature of witness

\_\_\_\_\_

\_\_\_\_\_ *full name of witness*

\_\_\_\_\_ *signature of witness*

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

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

### or Signature of official

Signed before me on this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
*month* *year*

by \_\_\_\_\_  
*name(s) of person(s) giving consent*

\_\_\_\_\_ *signature of official*

\_\_\_\_\_ *name / title of official*

*Questions regarding information in this consent letter should be directed to the person(s) or organization giving consent.*

(seal)