

# Consent Letter for Minor Travelling Abroad

To whom it may concern,

We,

\_\_\_\_\_ *full name(s) of both parent(s)*

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 minor:

## Information about travelling minor

Name:

\_\_\_\_\_ *minor'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 minor is travelling alone)

This minor has my / our consent to travel alone  **or**

This minor has my / our consent to travel with

Name:

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

Relationship to minor:

\_\_\_\_\_ *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

We give our consent for this minor 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 minor 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

## Signature(s) of parent giving consent

\_\_\_\_\_

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

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

## Signature(s) of parent giving consent

\_\_\_\_\_

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

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

## Signature(s) of organization

\_\_\_\_\_

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

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

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

(seal)