**Consent Letter for Children Traveling**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| To whom it may concern, | | | | |
|  | | | | |
| I / We, | | , | | |
|  | | *full name(s) of parent(s) / person(s) 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) 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: | |  |  |  |
|  | | *mm/dd/yyyy* |  | *city, province/state/territory* |
| Number and date of issue of passport (if available): | |  |  |  |
|  | | *number* |  | *mm/dd/yyyy* |
| Issuing authority of passport (if available): | |  | | |
|  | | *country where passport was issued* | | |
| **Information about accompanying person** | | |  | |
|  | | | | |
| This child has my / our consent to travel with | | | | |
|  | | | | |
| Name: | |  | | |
|  | | *full name of accompanying person* | | |
| Relationship to child: | |  | | |
|  | | *Relative, friend, other* | | |
| Number and date of issue of passport: | |  |  |  |
|  | | *number* |  | *mm/dd/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* | | |
| 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: | |  |  |  |
|  | | *telephone email* | | |
|  | | | | |
| **Signature(s) of person(s) giving consent** | | |
|  |
|  | | |
|  | | |
|
|
| *signature(s) of person(s) giving consent* | | |
|  | | |
| *mm/dd/yyyy* | | |
|
|
|

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