

LETTER OF CONSENT FOR CHILDREN BETWEEN 12 AND 17 YEARS OF AGE

To whom it may concern,

I / We:

_____ *full name(s) of parent(s)/legal guardian(s)*

Address:

_____ *street address, city*

_____ *state/province, country*

Telephone and email:

_____ *telephone*

_____ *email*

am / are the parent(s) or legal guardian(s) of the following child.

Information about travelling child

Name:

_____ *full name of child*

Date and place of birth:

_____ *dd/mm/yyyy*

_____ *city, state/province*

Number and date of issue of passport:

_____ *passport number*

_____ *date of issue (dd/mm/yyyy)*

Issuing authority of passport:

_____ *country passport was issued*

Birth certificate registration number and issuing authority:

_____ *registration number*

_____ *state/province birth certificate was issued*

Information about accompanying person

My / Our child has my / our consent to travel with:

Name:

_____ *full name of accompanying person*

Relationship to child:

_____ *mother, father, grandparent, aunt, uncle, sister, brother, friend, etc.*

Number and date of issue of passport:

_____ *passport number*

_____ *date of issue (dd/mm/yyyy)*

Issuing authority of passport:

_____ *country passport was issued*

Consent for travel to destination

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

Destination and travel dates:

_____ *country/countries of destination*

_____ *departure to return date (dd/mm-dd/mm/yyyy)*

Medical Release

In the event that my / our child requires emergency medical treatment and I / we cannot be reached, the following person is authorized to make emergency medical decisions on my / our behalf.

Name:

_____ *full name of accompanying person*

Signature(s) of person(s) giving consent

Signature of Notary Public

_____ *signature*

_____ *signature*

_____ *dd/mm/yyyy*