**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 19, depending on the province or territory of residence)* ***OR*** *before a notary public (recommended).* |
| **Signature(s) of person(s) giving consent** |  | **Signature of witness** |  |  |
|  |  |  |
|  |  |  |  |  |
|  | *full name of witness* |  |
|  |  |  |  |  |
|  |  |  |  |
| *signature(s) of person(s) giving consent* | *signature of witness* |  |
|  |  |  |  |  |  |
| *dd/mm/yyyy* | *dd/mm/yyyy* |  | *city, province/territory* |  |
|  |
|  |
|  |

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

*(seal)*