**Parental Consent letter for adults travelling with monors without one or both of the parents/guardians**

Parental consent letter for adults travelling with minors without one or both parents/guardians.  
  
  
To Whom It May Concern  
  
I (We), \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name(s) of custodial and/or non-custodial parent(s)/legal guardian(s)), am (are) the\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (lawful custodial parent and/or non-custodial parent(s) or legal guardian(s))  
  
of  
  
Child’s full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date of birth (DD/MM/YY): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Place of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Canadian passport number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date of issuance of Canadian passport (DD/MM/YY): \_\_\_\_\_\_\_\_  
  
Place of issuance of Canadian passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s full name), has my (our) consent to travel with  
  
Full name of accompanying person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Canadian or foreign passport number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Date of issuance of passport (DD/MM/YY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Place of issuance of passport: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
to visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of foreign country) during the period of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (dates of travel: departure and return). During that period, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (child’s full name) will be residing with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of person where child will be residing in foreign country) at the following address:  
  
Number/street address and apartment number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
City, province/state, country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Telephone and fax numbers (work and residence): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Any questions regarding this consent letter can be directed to the undersigned at:  
  
Number/street address and apartment number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
City, province/state, country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Telephone and fax numbers (work and residence): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Signature(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
(Full name(s) and signature(s) of custodial parent,  
  
and/or non-custodial parent(s) or legal guardian(s))  
  
Signed before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of witness), this \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) at \_\_\_\_\_\_\_\_ \_\_\_\_\_\_ (name of location).  
  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of witness)  
  
If you have any questions or are not sure if you need this form for your trip, call us at 1.888.461.0231 or email us by filling out the information below.  
  
Name(required)