

## Recommended Consent Letter for Children Travelling Abroad

To whom it may concern,

I / We,

\_\_\_\_\_ *full name(s) of parent(s) / person(s) / organisation*

Address:

\_\_\_\_\_ *street address, city*

\_\_\_\_\_ *county, country, postcode*

Telephone and email:

\_\_\_\_\_ *telephone number*

\_\_\_\_\_ *email*

I am / are the parent(s), legal guardian(s) or other authorised person(s) with parental authority over the following child:

### Information about travelling child

Name:

\_\_\_\_\_ *child's full name*

Date and place of birth:

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

\_\_\_\_\_ *city, county, country*

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

\_\_\_\_\_ *county, country 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 (aged over 18 and not related) **OR** certified by an official who has the authority to administer an oath or solemn declaration (recommended).*

**Signature(s) of person(s) giving consent**

**Signature of witness**

**or Signature of official**

\_\_\_\_\_

\_\_\_\_\_ *full name of witness*

Signed before me on this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_,  
*month year*

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

\_\_\_\_\_ *signature of witness*

by \_\_\_\_\_  
*name(s) of person(s) giving consent*

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

\_\_\_\_\_ *dd/mm/yyyy*      \_\_\_\_\_ *city, county, country*

\_\_\_\_\_ *signature of official*

\_\_\_\_\_ *name / title of official*

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