**Consent letter for children travelling without both parents**

|  |
| --- |
| To whom it may concern, |
|  |
| I / We,  | , |
|  | *full name(s)* |
| am / are the lawful  |  |
|  | *person(s) with:** *custodial rights,*
* *guardianship rights*
 |
| of  |  |
|  | *child’s full name* |
| **Information about child** |  |
|  |
| Date and place of birth: |  |  |  |
|  | *dd/mm/yyyy* |  | *City/town/village of birth* |
| Number and date of issue of passport: |  |  |  |
|  | *Passport number* |  | *dd/mm/yyyy* |
| Issuing authority of passport: |  |
|  | *country where passport was issued (i.e. Canada)* |
| **Information about accompanying person**  |  |
|  |
| My child has my / our consent to travel with |
|  |
| Name: |  |
|  | *full name of person travelling with the child* |
| Date and place of birth: |  |  |  |
|  | *dd/mm/yyyy* |  | *City/town/village of birth* |
| Number and date of issue of passport: |  |  |  |
|  | *Passport number* |  | *dd/mm/yyyy* |
| Issuing authority of passport: |  |
|  | *country where passport was issued (i.e. Canada)* |
| **Contact information during trip** |  |
|  |
| I / We give our consent for the aforementioned child and accompanying person to visit |
|  |
| Location: |  |
|  | *name of foreign country (ex. USA)* |
| during the period of |  |
|  | *Date you are leaving Canada and date you are returning to Canada* |
| to reside with |  |
|  | *full name of person with whom child will be residing in foreign country (ex your name)* |
| at the following address: |  |
|  | *street address, city (ex hotel address)* |
|  |  |
|  | *province/state, country* |
| Telephone and fax numbers: |  |  |  |
|  | *telephone* |  | *fax* |
| E-mail:  |  |
|  |
| **Information about parent(s) giving consent** |  |
|  |
| Any questions regarding this consent letter can be directed to the person(s) or organization giving consent at: |
|  |
| Name(s): |  |
|  | *full name(s) of person(s) (usually the parent or parents)* |
| Address: |  |
|  | *street address, city* |
|  |  |
|  | *province/state, country* |
| Telephone and fax numbers: |  |  |  |
|  | *telephone* |  | *fax* |
| E-mail: |  |
|  |
| **Signature(s) of parent(s) giving consent** |  | **Signature of witness** |  |
|  |
|  |  |  |
|  |  | *full name of witness* |
|  |  |  |
|  |  |  |
| *signature(s) of parent(s) giving consent (parent)* |  | *signature of witness* |
|  |  |  |  |  |
| *dd/mm/yyyy* |  | *dd/mm/yyyy* |  | *location* |
|  |
| **Signature of accompanying person** |  | **Signature of witness** |
|  |
|  |  |  |
|  |  | *full name of witness* |
|  |  |  |
|  |  |  |
| *signature of accompanying person* |  | *signature of witness* |
|  |  |  |  |  |
| *dd/mm/yyyy* |  | *dd/mm/yyyy* |  | *location* |