**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* | | |