



## Consent Letter for Children Travelling Out of Province or 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

\_\_\_\_\_

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

This child has my / our consent to travel alone

This child has my / our consent to travel with

Name:

\_\_\_\_\_

Full name of child

Date and place of birth:

\_\_\_\_\_

dd/mm/yy

\_\_\_\_\_

City, Province / Territory

Issuing Authority of Child's Passport:

\_\_\_\_\_

Child's Passport #:

\_\_\_\_\_

Issuing Authority of Child's Birth Certificate:

\_\_\_\_\_

Child's Birth Certificate Registration #:

\_\_\_\_\_

### INFORMATION ABOUT ACCOMPANYING PERSON

Name:

\_\_\_\_\_

Full name(s) of accompanying person(s)



\_\_\_\_\_  
Full name(s) of accompanying person(s)

\_\_\_\_\_  
Full name(s) of accompanying person(s)

Relationship to Child:

\_\_\_\_\_  
Mother, father, grandparent, sibling, relative, friend, coach, other

**CONTACT INFORMATION DURING TRIP**

I / We give our consent for this child to travel to: \_\_\_\_\_

\_\_\_\_\_  
Name of Destination City, Province / State / Territory, Country

Travel Dates:

\_\_\_\_\_  
Date of Departure to Date of Return

To stay with the following person(s):

\_\_\_\_\_  
Name of person(s) with whom child will stay / hotel / motel, etc.

To stay at the following address(s):

\_\_\_\_\_  
List all locations of accommodation

\_\_\_\_\_  
List all locations of accommodation

\_\_\_\_\_  
List all locations of accommodation

This letter must be signed before a witness who has attained the age of majority (18 or 19, depending on the province or territory of residence) OR certified by an official who has the authority to administer an oath or solemn declaration.

**SIGNATURE OF PERSON(S) GIVING CONSENT      SIGNATURE OF WITNESS      or      OFFICIAL SIGNATURE**

\_\_\_\_\_  
Fullname of party giving consent

\_\_\_\_\_  
Fullname of witness

\_\_\_\_\_

\_\_\_\_\_  
Signature party giving consent

\_\_\_\_\_  
Signature of witness

Signed before me this \_\_\_\_\_  
day of \_\_\_\_\_  
month                      year

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Name/Title of Official