To whom it may concern:

I/We,                                                                              , am/are the parent/s, guardian/s or other person/s with legal authority over:

|  |  |  |  |
| --- | --- | --- | --- |
| Child 1 name |  | Child 2 name (if applies) |  |
| Date of birth |  | Date of birth |  |
| Passport # |  | Passport # |  |
| Passport issue date |  | Passport issue date |  |
| Passport country |  | Passport country |  |
| Birth certificate #  (if no passport) |  | Birth certificate #  (if no passport) |  |
|  |  |  |  |

I/We consent to this child/these children traveling alone with:

|  |  |  |  |
| --- | --- | --- | --- |
| Adult 1 name |  | Adult 2 name (if applies) |  |
| Relationship to child |  | Relationship to child |  |
| Passport # |  | Passport # |  |
| Passport issue date |  | Passport issue date |  |
| Passport country |  | Passport country |  |
| Alternate ID #  (if no passport) |  | Alternate ID #  (if no passport) |  |

to stay with:

|  |  |  |  |
| --- | --- | --- | --- |
| Adult 1 name |  | Adult 2 name (if applies) |  |
| Relationship to child |  | Relationship to child |  |
| Phone number |  | Phone number |  |
| Email |  | Email |  |

at:

|  |  |  |  |
| --- | --- | --- | --- |
| Address 1 |  | Address 2 (if applies) |  |
| Phone number |  | Phone number |  |
| Email |  | Email |  |
| Start date |  | Start date |  |
| End date |  | End date |  |

For divorced/separated parents (if applies):

I/We accept that this travel period overlaps with my/our usual parenting time.

**Signatures**

|  |  |
| --- | --- |
| Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Signature 2 (if applies) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Full name  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Witnessing/notarization**

On      /     /      ,                                             , whose identity is personally known to me or proven on the basis of satisfactory evidence, personally appeared before me and acknowledged voluntarily executing this document.

Signature

Full name

Date

Location

On      /     /      ,                                             , whose identity is personally known to me or proven on the basis of satisfactory evidence, personally appeared before me and acknowledged voluntarily executing this document.

Signature

Full name

Date

Location