

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 _____
Full name _____
Date _____
Phone number _____
Email _____

Signature 2 (if applies) _____
Full name _____
Date _____
Phone number _____
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 _____

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