

# Consent Letter for Children Travelling 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 and email:

\_\_\_\_\_ *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

Name:

\_\_\_\_\_ *child's full name*

Number and date of issue of passport:

\_\_\_\_\_ *number*

\_\_\_\_\_ *dd/mm/yyyy*

## Information about accompanying person (leave blank if child is travelling alone)

This child has my / our consent to travel alone  **or**

This child has my / our consent to travel with

Name:

\_\_\_\_\_ *full name of accompanying person*

Relationship to child:

\_\_\_\_\_ *mother, father, grandparent, sister, brother, relative, friend, other*

Number and date of issue of passport:

\_\_\_\_\_ *number*

\_\_\_\_\_ *dd/mm/yyyy*

## Contact information during trip

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

Destination(s):

\_\_\_\_\_ *name of destination country / countries*

Travel dates:

\_\_\_\_\_ *date of departure to date of return*

to stay with / at (if applicable)

\_\_\_\_\_ *name of person or school with whom child will be staying*

at the following address(es)

\_\_\_\_\_ *street address(es), city (cities)*

\_\_\_\_\_ *province(s)/state(s), country (countries)*

Telephone and email

## Appointed Guardian while the minor is in the UK

Company name

Crown Guardians Bath Ltd.

Name of the appointed Guardian:

Mr Mark Stricklin

Address:

Merton Lodge, 25 London Road West, Bath, BA1 7HZ

Phone number:

01225 423327 / 07715 123299

Signature(s) of person(s) giving consent

\_\_\_\_\_ *name of person giving consent*

\_\_\_\_\_ *relationship to student*

\_\_\_\_\_ *signature of person giving consent*

\_\_\_\_\_ *dd/mm/yyyy*

Signature(s) of person(s) giving consent

\_\_\_\_\_ *name of person giving consent*

\_\_\_\_\_ *relationship to student*

\_\_\_\_\_ *signature of person giving consent*

\_\_\_\_\_ *dd/mm/yyyy*