**Recommended Consent Letter for Children Travelling Abroad**

*The following sample consent letter, provided by Global Affairs Canada, can be modified to meet your specific needs. For instructions and an interactive form you can use to create a customized letter, visit* [*travel.gc.ca*](http://www.travel.gc.ca/letter)*/letter.*

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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* | | |  | |  | | | |
| Date and place of birth: | |  | | |  | |  | | | |
|  | | *dd/mm/yyyy* | | |  | | *city, province/territory* | | | |
| Number and date of issue of passport (if available): | |  | | |  | |  | | | |
|  | | *number* | | |  | | *dd/mm/yyyy* | | | |
| Issuing authority of passport (if available): | |  | | | | | | | | |
|  | | *country where passport was issued* | | | | | | | | |
| Birth certificate registration number | |  | | | | | | | | |
|  | | *number* | | | | | | | | |
| Issuing authority of birth certificate | |  | | | | | | | | |
|  | | *province / territory where birth certificate was issued* | | | | | | | | |
| **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* | | | |
| Issuing authority of passport: | |  | | | | | | | | |
|  | | *country where passport was issued* | | | | | | | | |
| **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 with whom child will be staying / hotel or other accommodation* | | | | | | | | |
| at the following address(es) | |  | | | | | | | | |
|  | | *street address(es), city (cities)* | | | | | | | | |
|  | |  | | | | | | | | |
|  | |  | | | | | | | | |
|  | |  | | | | | | | | |
|  | | *province(s)/state(s), country (countries)* | | | | | | | | |
| Telephone and email | |  | | |  | |  | | | |
|  | |  | | | | | | | | |
| *This letter may be signed before a witness who has attained the age of majority (18 or 19, depending on the province or territory of residence)* ***OR*** *before a notary public (recommended).* | | | | | | | | | | |
| **Signature(s) of person(s) giving consent** |  | **Signature of witness** | | |  | |  | | | |
|  | | | | |  | |  | | | |
|  |  |  | | |  | | |  |
|  | *full name of witness* | | |  | | | |
|  | | |  |  |  |  |
|  |  |  |  |
| *signature(s) of person(s) giving consent* | *signature of witness* | | |  | | | |
|  |  |  |  |  |  | | |
| *dd/mm/yyyy* | *dd/mm/yyyy* |  | *city, province/territory* |  | | | |
|  | | | |
|  | | | |
|  | | | |

*Questions regarding information in this consent letter should be directed to the person(s) or organization giving consent.*

*(seal)*