

FLORIDA CANOE KAYAK CAMP
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

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

Issuing authority of birth _____
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 _____
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 _____ *city, province/territory*