

# 2020 FLORIDA SPRING TRAINING 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**

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

\_\_\_\_\_  
*full name of witness*

\_\_\_\_\_  
*signature(s) of person(s) giving consent* \_\_\_\_\_  
*signature of witness*

\_\_\_\_\_  
*dd/mm/yyyy* \_\_\_\_\_  
*dd/mm/yyyy* \_\_\_\_\_  
*city, province/territory*

(seal)