

## Consent for International Travel with One Legal Guardian

### TO WHOM IT MAY CONCERN,

I / We \_\_\_\_\_  
Full name(s) of person(s) giving consent  
of \_\_\_\_\_,  
House No/Apt. \_\_\_\_\_ Street Name \_\_\_\_\_ City \_\_\_\_\_  
\_\_\_\_\_; Telephone Contact: \_\_\_\_\_  
Province \_\_\_\_\_ Postal Code \_\_\_\_\_

E-mail Address: \_\_\_\_\_

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(ren):

### DETAILS ABOUT THE CHILD(REN)

NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
PASSPORT NUMBER/TRAVEL DOCUMENT: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_  
BIRTH CERTIFICATE REGISTRATION NUMBER: \_\_\_\_\_  
ISSUING AUTHORITY IF BIRTH CERTIFICATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
PASSPORT NUMBER/TRAVEL DOCUMENT: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_  
BIRTH CERTIFICATE REGISTRATION NUMBER: \_\_\_\_\_  
ISSUING AUTHORITY IF BIRTH CERTIFICATE: \_\_\_\_\_

NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
PASSPORT NUMBER/TRAVEL DOCUMENT: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_  
BIRTH CERTIFICATE REGISTRATION NUMBER: \_\_\_\_\_  
ISSUING AUTHORITY IF BIRTH CERTIFICATE: \_\_\_\_\_

### DETAILS ABOUT ACCOMPANYING PERSON

MY CHILD HAS MY/OUR PERMISSION TO TRAVEL WITH ALONE  OR

MY CHILD HAS MY/OUR PERMISSION TO TRAVEL WITH

NAME: \_\_\_\_\_  
RELATIONSHIP TO CHILD: \_\_\_\_\_  
PASSPORT NUMBER: \_\_\_\_\_ DATE OF ISSUE: \_\_\_\_\_  
ISSUING AUTHORITY OF PASSPORT: \_\_\_\_\_

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### CONTACT INFORMATION DURING TRIP

I/We give our child consent to travel to:

DESTINATION: \_\_\_\_\_

TRAVEL DATES: \_\_\_\_\_

TO STAY WITH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PERSON GIVING CONSENT

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE OF PERSON GIVING CONSENT

\_\_\_\_\_  
PRINT NAME

### NOTARIAL ACKNOWLEDGEMENT

DECLARED at (city) \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_ before me, \_\_\_\_\_, Notary Public in and for the  
Province of Ontario.

SIGNATURE: \_\_\_\_\_  
**NOTARY PUBLIC IN AND FOR THE PROVINCE OF ONTARIO**

Seal