CHILD TRAVELING DECLARATION

To whom it may concern:

We, _____ and _____ of _____, British Columbia, are the people with *(select one)* custodial rights/guardianship rights/parental authority of:

Child's Full Name: _____
Date of Birth: _____
Place of Birth: _____
Passport Number: _____
Date of Issuance: _____
Issuing Authority: _____

AND

Child's Full Name: _____
Date of Birth: _____
Place of Birth: _____
Passport Number: _____
Date of Issuance: _____
Issuing Authority: _____

_____ and _____ have our full consent to travel with:

Full name of accompanying person: _____
Passport Number: _____
Date of Issuance: _____
Issuing Authority: _____

to visit _____ *(city/province/state/country)* during the period of _____ to _____. Contact information during this period is:

Address: _____
City, Province/State, Country: _____
Telephone number: _____
Email (if applicable): _____

We declare that _____ has our permission to authorize and sign for medical treatment for our above named children, if it is required.

Any questions regarding this consent letter can be directed to us, the undersigned, at:

Address: _____
City, Province/State, Country: _____
Telephone number: _____
Email: _____

SWORN before me this _____ day of _____, 20____ at the City of Kamloops in the Province of British Columbia, Canada.

_____
JANICE RUTHERFORD, NOTARY PUBLIC

201B-1150 Hillside Drive
Kamloops, BC V2E 2N1

My commission is permanent

_____