**Child travel parental consent letter**

19 June 2023

**[Parent/Guardian 1 Name]**

[Address 1]

[Address 2]

[Address 3]

[Postcode]

+44 (0) [Tel Number without the zero]

[email]**[Parent/Guardian 2 Name]**

[Address 1]

[Address 2]

[Address 3]

[Postcode]

+44 (0) [Tel Number without the zero]

[email]

RE: Child Travel parental Consent

We declare that we are the parents/legal guardians of the child detailed below.

We hereby give permission for our child to travel to the USA with the adult/s detailed overleaf from **[date]** to **[date]**.

We will not be present on this trip.

They will be arriving at **[arrival airport]** on flight **[flight number here],** andstaying at **[hotel name]** at **[hotel area or address]** for **[#]** nights.

our Child’s Details:

|  |  |
| --- | --- |
| Full Name: | Date of Birth, Place of Birth: |
| **[Name here]** | **[DOB here],** **[Place of Birth here]** |
| Passport Number: | ESTA Authorisation Number: |
| **[Number here]** | **[Number here]** |
| Travel Insurance Company: | Travel Insurance Policy Number: |
| **[Company name here]** | **[Number here]** |

our details (child’s parents / guardians):

*(Table shows all parties with parental responsibility for the child)*

|  | Name | Relationship  to child | I consent to my child to travelling | I am travelling with my child |
| --- | --- | --- | --- | --- |
| Parent/Guardian 1 | **[Name here]** | **[Relationship info here]** | Yes | No |
| Parent/Guardian 2 | **[Name here]** | **[Relationship info here]** | Yes | No |

Adult/s responsible for our child during the trip:

| Name | Relationship  to child | Passport Number | Why child is travelling with this person: | Telephone incl. country code |
| --- | --- | --- | --- | --- |
| **[Name]** | **[Relationship]** | **[Number]** | **[Reason - eg joining a family holiday]** | **+44 (0)** **[rest of number]** |
| **[Name - delete row if only 1 adult]** | **[Relationship]** | **[Number]** | **[Reason - eg joining a family holiday]** | **+44 (0) [rest of number]** |

In our absence, the person/s detailed above have full decision-making authority for our child, including - but not limited to - emergency medical care if we cannot be reached.

Supporting Documents provided:

* Child’s birth certificate
* Other supporting document/s
* Child’s medical information

Should you have any queries, please do not hesitate to contact us.

Yours sincerely,

**Sign here**

**Sign here**

**[Parent/Guardian 1 Name] (sign above)**

**Signature witnessed by:**

Name:**[Witness name]**

Date: **[date]**

Job Title: **[title],** **[company name]**

Signed:

**Sign here**

**[Parent/Guardian 2 Name] (sign above)**

**Signature witnessed by:**

Name: **[Witness name]**

Date: **[date]**

Job Title: **[title], [company name]**

Signed:

**Sign here**

SUPPLEMENTARY INFO:

**[ADD ANY ADDITIONAL USEFUL INFORMATION HERE]**

CHILD’S MEDICAL INFORMATION:

**[ADD ANY IMPORTANT MEDICAL INFORMATION HERE, SUCH AS MEDICATIONS & ALLERGIES]**