

# Consent Letter for Children Travelling Abroad With Okanagan Mission Secondary School Band

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:

\_\_\_\_\_ *Surname, given names (as on passport)*

Date and place of birth:

\_\_\_\_\_ *dd/mm/yyyy*

\_\_\_\_\_ *city, province/territory*

Number and date of issue of passport:

\_\_\_\_\_ *passport number*

\_\_\_\_\_ *dd/mm/yyyy*

Issuing authority of passport:

\_\_\_\_\_ *Issuing country of passport*

## Information about accompanying persons

This child has my / our consent to travel with

Name: School District No. 23, Central Okanagan, Kelowna, BC Canada, Okanagan Mission Secondary Band Tour Group: MR. EDDIE RAYMOND SCHNELLETT, Tour Group Leader

Relationship to child: Teacher, Okanagan Mission Secondary School Band Tour, Kelowna, BC. Canada

Number and date of issue of passport:

\_\_\_\_\_ *WG630299*

\_\_\_\_\_ *01 FEB 2010*

Issuing authority of passport:

\_\_\_\_\_ *CANADA*

## Contact information during trip

I / We give our consent for this child to travel to:

Destination Countries: BUDAPEST, CROATIA, ITALY

Travel dates: MARCH 13 – 24, 2014

to stay with / at:

**WITH:** Okanagan Mission Secondary School Band Tour Group, Leader Eddie Raymond Schnellert, **AT:** Hotels - (BUDAPEST Hungary-Atlantic). (CROATIA: Zagreb-Laguna. Zadar-Porto. Zadar - Katarina.). ITALY: (Montecatini-GH Nizza Et Suisse. Rome-Madison)

at the following addresses:

Nepszinhaz u. 55, Budapest 1081. Kranjceviceva 29, Zagreb 10000. Nikole Jurisica 2, Zadar 23 000 Croatia. Podi bb, Dugopolje 21204, Split Croatia. Viale Verdi 72, Montecatini Terme Italy. Via Marsala 60, 00185 Rome, Italy.

\_\_\_\_\_ *street addresses, cities*

\_\_\_\_\_ *Hungary, Budapest: Pest County. County: City of Zagreb, County: Zadar, Croatia. County: Split-Dalmatia. Croatia. Province: Pistoia. Tuscanv. Italv. Province: Rome. Lazio Region. Italv.*

\_\_\_\_\_ *provinces/states, countries*

Telephone and email:

\_\_\_\_\_ *604-376-6999*

\_\_\_\_\_ *MarcieO@etravel.com*

*This letter is certified by an official who has the authority to administer an oath or solemn declaration.*

## Signature(s) of person(s) giving consent

\_\_\_\_\_ *print name(s) of person(s) giving consent*

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

\_\_\_\_\_ *dd/mm/yyyy*

## Signature of official

Signed before me on this \_\_\_\_\_

day of \_\_\_\_\_  
\_\_\_\_\_ *month* \_\_\_\_\_ *year*

by \_\_\_\_\_  
\_\_\_\_\_ *print name(s) of person(s) giving consent*

\_\_\_\_\_ *signature of official*

\_\_\_\_\_ *name & title of official*

(seal)

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