

SCHOOL TRIP TRAVEL CONSENT FORM

To whom it may concern

I / We:

full name(s) of parent(s) / guardian(s) giving consent

Address:

street address, city

country

Telephone and email:

telephone

email

am / are the parent(s) / legal guardian(s) with parental authority over the following child:

Information about travelling child

Name:

child's full name

Date and place of birth:

dd/mm/yyyy

city, country

Passport number and issue date:

number

dd/mm/yyyy

Issuing authority of passport:

country where passport was issued

Information about accompanying person

This child has my/our consent to travel with:

Name:

full name of accompanying person

Relationship to child:

details

School Name:

details

Contact information during the 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

Hotel Name:

details

Hotel address:

address

Hotel telephone:

telephone

Signature of persons giving consent

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

day / month / year

day / month / year