

Inconnu Travel Consent Form

To whom it may concern,

I / we, the parent(s)/guardian(s) of _____ officially give my / our consent for my / our minor child to travel with the following individuals who are also associated with the Organization:

My / our child was born on _____ at the location of _____. If required, my / our child's passport number is _____. Attached to this form is a list of any additional medical needs my / our child requires.

I / we understand that the event is a _____ which is located in _____. Barring extenuating circumstances, the event should last for a duration of _____ days between the dates of _____ and _____.

If there are any questions about the consent provided, I / we can be reached at the following telephone number(s) _____ and the following email addresses

_____ .

Sincerely,

Signed, _____

Dated, _____