



To Whom It May Concern

I _____ provide my consent for my child

First and Last Name _____
(name of child)

Date of Birth _____

Place of Birth _____

to travel with

During the period of _____ and _____

During this period I authorize

to consent to any health care examinations/treatments for my child including the transfusion of blood.

Any question regarding this consent letter can be directed to the undersigned at:
_____ (address)

Telephone:

Mob:

Signature: _____ Date: _____

Signed before me, _____ (name of witness)
(Justice of the peace, Lawyer, Doctor)

This _____ (date)

At _____ (name of location)