Affadavit — PARENTAL CONSENT



for children travelling abroad with Amor Europe

Parental consent to travel overseas (for under 19s);

this form MUST be completed by <u>persons with parental responsibility</u> for each person under the age of 19 who is travelling to USA and Mexico unaccompanied by them;

this form MUST be completed and signed in the presence of a solicitor who is a notary;

if there are two with parental responsibility for the child, both MUST complete this form;

if there is only one person with parental responsibility for the child, this person MUST complete this form, and MUST also attach to the form copies of documents giving evidence of sole parental responsibility.

THE PARENT(S) or LEGAL GUARDIAN(S)				
FULL NAME(S) of PARENT(S) or PERSON(S) with PARENTAL RESPONSIBILITY				
full name:		full name:		
address:		address:		
postcode		postcode		
phone no.		phone no.		
email		email		

DECLARATION of PARENT(S) or LEGAL GUARDIAN(S)

> I am / we are the parent(s), person(s) with parental responsibility for the following child:

THE CHILD			
CHILD'S FULL NAME	CHILD'S PLACE OF BIRTH		
	town		
	county		
CHILD'S DATE OF BIRTH	country		

IDENTITY DOCUMENTS				
CHILD'S PASSPORT DE	TAILS			
passport number				
passport issue date				
issuing authority				
CHILD'S BIRTH CERTIFI	CATE DETAILS			
birth certificate number				
registration date				
issuing authority				
	= county or country where birth certificate was issued			

> This child has my / our consent to travel with the accompanying person named below:

ACCOMPANYING PERSON				
ACCOMPANYING PERSON'S AGREEMENT				
full name				
relationship to child				
signature				
ACCOMPANYING PERSON'S PASSPORT DETAILS				
passport number				
passport issue date				
issuing authority				

> This child has my / our consent to travel on the following trip:

TRIP DETAILS			
DESTINATION COUNTRY	Mexico		
DATES OF TRAVEL	departure	July 24 th , 2021	
	return to UK	August 3 rd , 2021	
TRAVEL PLAN			

CONTACT ON LOCATION					
HOSTS IN DESTINATION COUNTRY					
names					
telephone numbers					
email					
address during stay					
I / we sign this affadavit in the presence of an official notary, who has the legal authority to administer an oath or solemn declaration.					
SIGNATURE(S) OF PARENT(S) OR LEGAL GUARDIAN(S)					
FULL NAME(S) of PARENT(S) or PERSON(S) with PARENTAL RESPONSIBILITY					
full name:		full name:			
signature:		signature:			

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