



To Whom It May Concern

I \_\_\_\_\_ I am the lawful custodial parent of

First and Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_

\_\_\_\_\_ has my consent 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)