West Yorkshire Scouts





To whom it may cor	ncern,
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I / We,	Full name(s) of both parent(s) / per	rson(s) / organisation / guardians giving consent	
Address:	Street address, City		
	County & Country		
Telephone and Email:	County & Country		
Tolophone and Email.	Telephone	Email	
am/ are the parent(s), legal guardians(rights or parental authority over the fol		n(s) or organisations with custody rights, access	
Information about Travelling Child			
Name	Childs full name		
Date and place of birth:	Date of birth dd/mm/yyyy	place of birth (City)	
Number and date issue of passport:	Passport number	date of passport issue dd/mm/yyyy	
Issuing authority of passport	Country where passport was issued		
Information about accompanying pers	son		
the supervision of the following Scout L Insert names of all the leaders		to (insert country) and return to the UK, under	
Contact information during the trip			
I/ we give our consent for this child to	travel to :		
Destination:	Nov. Charles and		
Travel Dates:	Name of destination country		
Travel Butter	Date of Departure and date of retur	m	
To stay with:	Name of hotel or other accommodation		
At the following addresses:			
	Street Address(es) City (Cities)		
This letter may be signed before an independant witness over	er the age of 18 or before a public notary.		
Signature of persons giving consent	Signature	e of witness	
First person signature	Full name of	witness	
Second Person signature	Signature of	Signature of witness	
Dd/mm/yyyy of signing	dd/mm/yyyy	of signature witnessed City where witnessed	