

# Consent Letter for Harvest Bible Church Windsor Inc. – Cedar Point Trip – August 27, 2019

To whom it may concern,

I / We, \_\_\_\_\_  
*full name(s) of parent(s) / person(s) / organization giving consent*

Address: \_\_\_\_\_  
*street address, city*

\_\_\_\_\_  
*province/state, country*

Telephone and email: \_\_\_\_\_  
*telephone* \_\_\_\_\_ *email*

am / are the parent(s), legal guardian(s) or other authorized person(s) or organization with custody rights, access rights or parental authority over the following child:

## Information about travelling child

Name: \_\_\_\_\_  
*child's full name*

Date and place of birth: \_\_\_\_\_  
*dd/mm/yyyy* \_\_\_\_\_  
*city, province/territory*

Number and date of issue of passport (if available): \_\_\_\_\_  
*number* \_\_\_\_\_  
*dd/mm/yyyy*

Issuing authority of passport (if available): \_\_\_\_\_  
*country where passport was issued*

Birth certificate registration number \_\_\_\_\_  
*number*

Issuing authority of birth certificate \_\_\_\_\_  
*province / territory where birth certificate was issued*

## Information about accompanying person (leave blank if child is travelling alone)

This child has my / our consent to travel with

Name: Blake Hill  
*full name of accompanying person*

Relationship to child: Youth Leader  
*mother, father, grandparent, sister, brother, relative, friend, other*

Number and date of issue of passport: \_\_\_\_\_  
*number* \_\_\_\_\_  
*dd/mm/yyyy*

Issuing authority of passport: Windsor, Canada  
*country where passport was issued*

## Contact information during trip

I / We give our consent for this child to travel to:

Destination(s): Cedar Point – 1 Cedar Point Dr. Sandusky, OH 44870, United States  
*name of destination country / countries*

Travel dates: August 27, 2019-August 27, 2019  
*date of departure to date of return*

Telephone and email \_\_\_\_\_  
*1-586-267-2081* \_\_\_\_\_ *blake@harvestwindsor.ca*

*This letter may be signed before a witness who has attained the age of majority (18)*

## Signature(s) of person(s) giving consent

## Signature of witness

\_\_\_\_\_  
*full name of witness*

\_\_\_\_\_  
*signature(s) of person(s) giving consent* \_\_\_\_\_  
*signature of witness*

\_\_\_\_\_  
*dd/mm/yyyy* \_\_\_\_\_ *dd/mm/yyyy* \_\_\_\_\_  
*city, province/territory*