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Gary Goodyear
Member of Parliament for Cambridge

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To whom it may concern:	
I/We _____ (full name)	
(full name) am/are the _____ of _____ (child's name)	
Information about travelling child	
Date of Birth:	Place of Birth:
Passport #:	Date of Issuance:
Expiry Date:	Place of Issuance:
Information about accompanying person	The aforementioned child has my/our consent to travel with:
Full Name:	
Date of Birth:	Place of Birth:
Passport #:	Place of Issuance:
Date of Issuance:	Expiry Date:
Signature:	Date Signed:
Contact information during trip	I/We give consent for the aforementioned child and accompanying person to visit:
During the period of :	/ / to / /
Child to reside with/Hotel:	
Address:	
City / Country:	
Telephone / Fax #:	
Email:	
Information about person(s) giving consent (any questions or concerns can be directed to the undersigned)	
Name:	Name:
Signature:	Signature:
Date Signed:	Date Signed:
Address:	Postal Code:
City:	Cell:
Phone #:	Email:
Information about Witness	Date:
Name:	Location: Cambridge, Ontario
Signature:	