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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: _____