

# AFFIDAVIT OF PARENTAL CONSENT FOR MINORS TRAVELING ABOARD

## Information about birth parent(s) / or guardian

I / We, \_\_\_\_\_  
*full name(s) of birth parent(s) / or legal guardian (s)*

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

Telephone and email: \_\_\_\_\_  
*mother's cellphone father or guardian's cellphone email*

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

## Information about traveling child

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

Date & Place of Birth: \_\_\_\_\_  
*dd/mm/yyyy city, province/territory*

Passport (if available) or birth certificate: \_\_\_\_\_  
*number dd/mm/yyyy country where passport was issued*

## Information about accompanying person

This child has my / our consent to travel with AND to received necessary medical treatment when authorized by:

Name: Rodderick Mayer

Relationship to child: Pastor from Capo Beach Church  
*full name of accompanying person*  
*mother, father, grandparent, sister, brother, relative, friend, other*

Number and date of issue of passport (if available): 513273054 13/03/2014 United States  
*number dd/mm/yyyy country where passport was issued*

## Contact information during trip

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

Destinations: Mexico South Africa, Swaziland  
*name of destination country / countries*

Travel dates: April 3-8, 2017 June 3 - 18, 2017  
*date of departure to date of return*

To stay with / at (if applicable): La Buffadora, Mexico, Hazyview Cabanas, South Africa, Carepoint Manzini, Swaziland  
*name of person with whom child will be staying / hotel or other accommodation*

At the following address(es): (MR8) Thembeni, Manzini, Swaziland, Sabie Road (R536)1242, Hazyview, 1242, South Africa  
*street address(es), city (cities), province(s)/state(s), country (countries)*

Telephone and email: 949 584-0473 rodm@capochurch.com

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

\_\_\_\_\_  
*name (birth mother, or legal guardian)*

\_\_\_\_\_  
*signature(s) of person(s) giving consent and date*

\_\_\_\_\_  
*name (birth father if listed on BC or legal guardian)*

\_\_\_\_\_  
*signature(s) of person(s) giving consent and date*

## Signature of official

Signed before me on this \_\_\_\_\_

day of \_\_\_\_\_, \_\_\_\_\_  
*month year*

\_\_\_\_\_  
*signature of official*

\_\_\_\_\_  
*name / title of official*