Consent for Travel without Supervision

l,	eclare that I am the parent / legal guardian of the following child	
Child's Details		
Name:		
Male / female:		
Date of birth: Passport number:		
Passport number:		
Arriving into the UK:	Flight Number:	
Departing from the UK:	Flight Number:	
	vith the following school / college, or is staying with the followin	
_	on their arrival into the UK by / assisted on their departure fror	
When departing from the UK, th	pove named child will be met at their arrival destination by:	
Special Medical Needs and/or a	gies	
My child has the following speci	nedical needs and/or allergies:	
	ns regarding this document, I may be contacted:	
Parent / Legal Guardian:		
Contact Number:		
Address:		
Parent / Legal Guardian Signatur	Witness Signature:	
Date:	Date:	