

GHANA'S GOLDEN HOMECOMING LLC & EXPLORER TOURS OF SWITZERLAND
Parental Consent Letter

The Embassy of Switzerland
Swiss Embassy
Accra

To whom it may concern,		
I / We,	_____	
	<i>full name(s) of parent(s) / person(s) / organization giving consent</i>	
Address:	_____	
	<i>street address, city</i>	

	<i>province/state, country</i>	
Telephone and email:	_____	_____
	<i>telephone</i>	<i>email</i>
I 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:	_____	
	<i>child's full name</i>	
Date and place of birth:	_____	_____
	<i>dd/mm/yyyy</i>	<i>city, province/territory</i>
Number and date of issue of passport :	_____	_____
	<i>number</i>	<i>dd/mm/yyyy</i>
Issuing authority of passport :	_____	
	<i>country where passport was issued</i>	
Birth certificate registration number	_____	
	<i>number</i>	
Issuing authority of birth certificate	_____	
	<i>province / territory where birth certificate was issued</i>	

Information about accompanying person

This child has my / our consent to travel alone <input type="checkbox"/> or		
This child has my / our consent to travel with <input type="checkbox"/>		
Name:	_____	
	<i>full name of accompanying person</i>	
Relationship to child:	_____	
	<i>mother, father, grandparent, sister, brother, relative, friend, other</i>	
Number and date of issue of passport:	_____	_____
	<i>number</i>	<i>dd/mm/yyyy</i>
Issuing authority of passport:	_____	
	<i>country where passport was issued</i>	

Contact information during trip

I / We give our consent for this child to travel to:		
Destination(s):	_____	
	<i>name of destination country/countries</i>	
Travel dates:	_____	
	<i>date of departure to date of return</i>	
to stay with /at (if applicable)	_____	
	<i>name of person with whom child will be staying /hotel or other accommodation</i>	
at the following address(es)	_____	
	<i>street address(es), city(cities)</i>	

Telephone and email	_____	_____

This letter may be signed before a witness who has attained the age of majority (18 or 19,

Signature(s) of person(s) giving consent

<i>signature(s) of person(s) giving consent</i>

<i>dd/mm/yyyy</i>

Signature of witness

<i>full name of witness</i>

<i>signature of witness</i>

<i>dd/mm/yyyy</i>

or

Signed before me on this _____
day of _____,
<i>month</i> <i>year</i>
by _____
<i>name(s) of person(s) giving consent</i>

<i>name / title of official</i>