Parental authorisation (travel or occasional care)

Parent or legal guardian giving authorisation

Full name

Date of birth

ID document (type and number)

Full address

Telephone

Person accompanying or taking charge of the child

Full name

Relationship to the child

ID document (type and number)

Full address

Telephone

Minor(s) concerned

Full name	Date of birth	Passport or ID document (no.)

Trip or stay

Destination and purpose

From (date)

To (date)

I authorise the person named above to take or look after the minor(s) named, for the trip or stay described and on the dates shown.

- [ ] Copy of the signatory's ID document enclosed
- [ ] Copy of the minor's ID document or passport enclosed

This authorisation is made at my request to be shown, if necessary, to the authorities, carriers or organisations concerned, who may require an official form or further documents.

Place

Date

Signature of the parent or legal guardian

Name in full

Signature of the second parent (if required)

Name in full