

To Whom It May Concern: I/We,

\_\_\_\_\_ Full  
Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardians(s) am/are the lawful custodial  
parent and/or non-custodial parent(s) or legal guardian(s) of:

\_\_\_\_\_  
Child's Full Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Place of Birth

\_\_\_\_\_  
Child's Passport Number

\_\_\_\_\_  
Date and Place of Issuance of U.S. Passport

Child's full name: \_\_\_\_\_ has my/our consent to  
travel to: \_\_\_\_\_ (name of country) during the period of:

\_\_\_\_\_.

During that period, \_\_\_\_\_ (Child's Name)  
will be residing with VISIONS Service Adventures' volunteer program.

**Parent(s) or Legal Guardian(s):**

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Witnesses:**

Signed before me, \_\_\_\_\_,  
this \_\_\_\_\_ (Date) at \_\_\_\_\_ (Name of Location)

Signed before me, \_\_\_\_\_,  
this \_\_\_\_\_ (Date) at \_\_\_\_\_ (Name of Location)