

|                  |   |                         |
|------------------|---|-------------------------|
| CANADA           | ) | IN THE MATTER OF        |
|                  | ) | PERMISSION FOR MINOR    |
| PROVINCE OF      | ) | TO TRAVEL OUT OF CANADA |
| BRITISH COLUMBIA | ) |                         |

I, \_\_\_\_\_, of \_\_\_\_\_, in the Province of British Columbia, Canada, phone number: \_\_\_\_\_.

**DO SOLEMNLY DECLARE:**

1. THAT I am the sole legal parent of the minor child/children:

\_\_\_\_\_, born the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 \_\_\_\_\_, born the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
 \_\_\_\_\_, born the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

2. THAT my above named child/children is/are travelling with my full knowledge and consent to \_\_\_\_\_ accompanied by \_\_\_\_\_, who has my permission to authorize and sign for emergency medical treatment for our above named child/children, if required.

3. THAT they are leaving Canada on or about \_\_\_\_\_, 20\_\_\_\_ and returning to Canada on or about \_\_\_\_\_ 20\_\_\_\_.

4. THAT I swear this Affidavit to the Governments of Canada and \_\_\_\_\_ to induce them to allow my child/children to enter into their respective countries.

5. THAT I make this declaration, conscientiously believing it to be true and knowing that it is of the same force and effect as if made under oath.

DECLARED before me at the City of \_\_\_\_\_ )  
 Vernon, in the Province of British Columbia )  
 this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )

\_\_\_\_\_  
 (Parent signature)

**CHARLENE L. SILVESTER**  
 A Notary Public in and for the  
 Province of British Columbia  
 3003 – 30<sup>th</sup> Avenue,  
 Vernon, British Columbia V1T 2C1  
**Permanent Commission**