

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 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 their mother/father _____, who has my permission to authorize and sign for emergency medical treatment for our above named child/children, if it is 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 – 30th Avenue,
Vernon, British Columbia V1T 2C1
Permanent Commission