



To Whom It May Concern: I/We,

\_\_\_\_\_ (Full Name(s) of Custodial and/or Non-Custodial Parent(s)/Legal Guardian(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 Name), has my/our consent to travel with Innovative Learning Institute and their chaperones to visit \_\_\_\_\_ during the period of \_\_\_\_\_ [insert dates here] and any extended dates based on trip emergency/emergencies.

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

Date: \_\_\_\_\_ (Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian) Full Name: \_\_\_\_\_

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

Date: \_\_\_\_\_ (Signature of Custodial Parent, and/or Non-Custodial Parent or Legal Guardian) Full Name: \_\_\_\_\_

Signature of Witness

\_\_\_\_\_, (Full Name of Witness)

\_\_\_\_\_ (Date)