



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 Dominican Republic 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)