

TO WHOM IT MAY CONCERN:

I, _____, mother/father of _____,
(name of person giving consent) (name of child)

born on _____ authorize,
(date of birth of child)

_____, to take our son/daughter, _____ on a trip
(name of person taking child) (name of child)

to _____, _____, _____ between the dates of
(city, state, country where child being taken)

_____ and _____. This authorization
(dates child will be out of Canada)

extends to any required medical assistance to be administered should

_____ become ill or involved in an accident.
(name of child)

DATED at Edmonton, Alberta, this _____ day of _____, 20____.

WITNESS

Signature of mother/father

AFFIDAVIT OF EXECUTION

CANADA) I, _____, of the City of Edmonton,
(name of witness)
PROVINCE OF ALBERTA) in the Province of Alberta,

TO WIT:) **MAKE OATH AND SAY THAT:**

1. I was personally present and did see _____,
(name of person giving consent)

named in the within instrument who is personally known to me to be the person named therein,
duly sign and execute the same for the purpose named therein.

2. The same was executed at the City of Edmonton, in the Province of Alberta,
and that I am the subscribing witness thereto.

3. I know the said _____ and she/he is in my
(name of person giving consent)

belief of the full age of twenty-one (21) years.

SWORN BEFORE ME at the City of)
Edmonton, in the Province of)
Alberta, this _____ day of)
_____, 20____.)

Signature of witness

A COMMISSIONER FOR OATHS IN AND
FOR THE PROVINCE OF ALBERTA