

TO WHOM IT MAY CONCERN:

I / We,	(full na	ame(s) of
	arent(s)/legal guardian(s)), am / are the lawful custo	
/or non-custodial parent(s) or leg	al guardian(s) of:	
Child's full name:		
Place of birth:	Date of birth (DD/MM/YY):	
Passport issue date (DD/MM/YY)): Passport number:	
Place of issue of passport:		
I/ We give them permission to vis	sit Scotland during the period:	
from to	(dates of travel: departure and return).	
During that period,	(child's full name) will be on a reside	ential course
with The Outward Bound Trust, E	3ooking number	
Address: Outward Bound Loch E	il Centre, Achdalieu, Fort William, PH33 7NN. Tele	ephone:
0044 1397 772866		
arriving at Edinburgh Airport may airport. The Outward Bound men	aff will be at the meeting location at Stirling bus sta v take the Citylink 909 bus service to Stirling Bus di nber of staff will NOT be escorting individuals from/ ward Bound bus departure time to Loch Eil will be 2	rect from the /to their
Any questions regarding this con	sent letter can be directed to the undersigned at:	
Number/street address and apart	tment number:	
City, province/state, country:		
Telephone, mobile & fax numbers	s (daytime and evening):	
 Signature(s):	Date:	_
	custodial parent, and/or non-custodial parent(s) or leg	
Signed before me,	(name of witness), on	(date)
	(location). Signature:	
Please note that this Letter of Co immigration of minors travelling v	onsent does not automatically guarantee the proble without the person legally exercising parental care ant Embassy for further guidance and/or requireme	em-free over them.

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