

## TO WHOM IT MAY CONCERN:

I / We,		(full name(s) of
custodial and/or non-custodial pare	ent(s)/legal guardian(s)), am / are the lawfu	l custodial parent and
/or non-custodial parent(s) or legal	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 visit	Scotland during the period:	
from to	(dates of travel: departure and re	turn).
During that period,	(child's full name) will be on a	residential course
	oking number	
Address: Outward Bound Loch Eil	Centre, Achdalieu, Fort William, PH33 7NN	١.
Telephone: 0044 1397 772866		
service to Buchanan Bus direct from	Airport (GLA) may take the Glasgow Airpom the airport. The Outward Bound member The Court of the Coutward Bound member The Court of the Coutward Bound of adventure booked.	r of staff will NOT be
Any questions regarding this conse	ent letter can be directed to the undersigne	d at:
Number/street address and apartm	ent number:	
City, province/state, country:		
Telephone, mobile & fax numbers (	(daytime and evening):	
	Date:	
	stodial parent, and/or non-custodial parent(s)	
Signed before me,	(name of witness), on	(date)
	(location). Signature:	
Please note that this Letter of Cons	sent does not automatically guarantee the	problem-free

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immigration of minors travelling without the person legally exercising parental care over them.

Please contact the nearest relevant Embassy for further guidance and/or requirements.