



## Letter of Consent

To whom it may concern,

I / We,

\_\_\_\_\_ ,  
*full name(s) of parent(s) / person(s) / organization giving consent*

Address:

\_\_\_\_\_  
*street address, city*

\_\_\_\_\_  
*province/state, country*

Telephone and email:

\_\_\_\_\_  
*telephone*

\_\_\_\_\_  
*email*

am / are the parent(s), legal guardian(s) or other authorized person(s) or organization with custody rights, access rights or parental authority over the following child:

### Information about travelling child

Name:

\_\_\_\_\_  
*child's full name*

Date and place of birth:

\_\_\_\_\_  
*dd/mm/yyyy*

\_\_\_\_\_  
*city, province/territory*

Number and date of issue of passport (if available):

\_\_\_\_\_  
*number*

\_\_\_\_\_  
*dd/mm/yyyy*

Issuing authority of passport (if available):

\_\_\_\_\_  
*country where passport was issued*

### Information about accompanying person (leave blank if child is travelling alone)

This child has my / our consent to travel alone  **or**

This child has my / our consent to travel with

Name:

\_\_\_\_\_  
*full name of accompanying person*

Relationship to child:

\_\_\_\_\_  
*mother, father, grandparent, sister, brother, relative, friend, other*

Number and date of issue of passport:

\_\_\_\_\_  
*number*

\_\_\_\_\_  
*dd/mm/yyyy*

Issuing authority of passport:

\_\_\_\_\_  
*country where passport was issued*

### Contact information during trip

I / We give our consent for this child to travel to:

Destination(s):

\_\_\_\_\_  
**National Astronomical Research Institute of Thailand, Chiang Mai, Thailand**

\_\_\_\_\_  
*name of destination country / countries*

Travel dates:

\_\_\_\_\_  
**March 10-14, 2025**

\_\_\_\_\_  
*date of departure to date of return*

at the following address(es)

\_\_\_\_\_  
**National Astronomical Research Institute of Thailand (Public Organization)**

\_\_\_\_\_  
Princess Sirindhorn AstroPark 260 Moo 4, Donkaew, Mae Rim, Chiang Mai, 50180

Telephone and email

\_\_\_\_\_  
**Tel. +66 53 121268 9 ext 230-231 Email: aseanastronomycamp2025@gmail.com**

### Signature(s) of person(s) giving consent

\_\_\_\_\_  
*full name*

\_\_\_\_\_  
*signature(s) of person(s) giving consent*

\_\_\_\_\_  
*dd/mm/yyyy*