

DEPENDANT TRAVEL CONSENT FORM

Date: _____

Child's Full Name: _____

Date of Birth: _____

Passport Number: _____

Travel Details

I/We, the undersigned parent(s) or legal guardian(s), give permission for
_____ to travel:

- **Destination:** Zimbabwe
- **Travel Dates:** From June 30th, 2025 to July 16th, 2025
- **Purpose of Trip:** Education, history, and community service

Traveling with:

- **Name of Guardian/Group Leader:** Tonderai Tomu
- **Guardian's Passport Number:** _____
- **Relationship to Child:** Teacher/chaperone

Accommodation Address:

12 Fortunes Gate Avenue, Fortunes Gate Village, Matsheumhlope Bulawayo, Zimbabwe

Phone Number: +263 771-043-060

Emergency Contact Details

Primary Contact Name: _____

Phone Number: _____

Secondary Contact Name (optional): _____

Phone Number: _____

Parent/Guardian Consent

By signing below, I/we confirm that:

- I/we authorize the above-named child to travel with the designated individual or group to the specified destination.
- In case of emergency, the designated guardian is permitted to make decisions for the child until I/we can be reached.
- I/we assume full responsibility for ensuring all travel requirements are met.

Parent/Guardian 1:

Name: _____

Signature: _____

Phone Number: _____

Parent/Guardian 2 (if applicable):

Name: _____

Signature: _____

Phone Number: _____

Notary Public:

Name: _____

Signature: _____

Date: _____
