

# STATUTORY DECLARATION

CANADA  
PROVINCE OF ONTARIO

) IN THE MATTER OF  
)  
) \_\_\_\_\_  
) Date of Birth: \_\_\_\_\_  
) (m/d/y)  
)

To Wit:

I \_\_\_\_\_

of the City of Oshawa, in the

Municipality of Durham Region ,

in the Province of Ontario

## SOLEMNLY DECLARE, that:

1. I am the \_\_\_\_\_ of the above-noted child.
2. I give permission for \_\_\_\_\_, to travel with my child \_\_\_\_\_ on a trip to \_\_\_\_\_ leaving \_\_\_\_\_ and returning \_\_\_\_\_.  
(m/d/y) (m/d/y)
3. I further make this Statutory Declaration in order to provide my consent for \_\_\_\_\_, to authorize such medical treatment as my child may require during their trip.

AND I make this solemn Declaration conscientiously believing it to be true, and to provide my consent for my child to travel with \_\_\_\_\_ and for the consent to medical treatment for \_\_\_\_\_ for the period of \_\_\_\_\_ to \_\_\_\_\_ and for no other or improper purpose.

DECLARED BEFORE ME at the )  
City of Oshawa, in the )  
Regional Municipality of Durham )  
This \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

A Notary Public, etc.