

PERMISSION TO TRAVEL

For a 0-17 year old by parent / guardian

Personal information

Full name of the child	Age	Date of birth
Full name of the child	Age	Date of birth

Information about the voyage

Booking number				
	Ship	Departure date and time	From	To
1.				
2.				
3.				

The child's parent/guardian

Name
Address
Telephone

The authorized person

Name
Address
Telephone

I hereby authorize the above mentioned person to act as the guardian of my child during the voyage and to take care of him/her during the entire voyage. The authorized person can guard max. two underaged children.

Place and date
Signature of parent/guardian

The child must carry this form, appropriately filled in, during the entire voyage in case of possible check-ups.