

PERMISSION TO TRAVEL

For a 0-17 year old by parent / guardian

Personal information

Full name of the child	Age	Date of birth
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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.

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.