

Accommodation Consent Form

I, as the legal guardian of the guest listed below, hereby consent to their stay at your facility.

1. Guest's Full Name: _____
2. Guest's Address: _____
3. Name of Accommodation Facility: _____
4. Address of Accommodation Facility: _____
5. Period of Stay:
(e.g., 2025/07/16) From: _____
To: _____

Signature:

Date:

(e.g., 2025/07/16)

Guardian's Name:

Emergency Contact Number:

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