

Transportation and Travel Consent Form

Please complete this form to grant permission for your child or dependent to participate in the scheduled travel and transportation.

1. Participant Information

Full Name of Participant:

Date of Birth (MM/DD/YYYY):

Organization / School / Group:

2. Parent or Guardian Details

Full Name of Parent or Guardian:

Primary Phone Number:

Alternative Emergency Contact Name:

Emergency Contact Phone Number:

3. Trip and Transportation Details

Destination of Trip:

Departure Date and Time:

Estimated Return Date and Time:

Mode of Transportation (e.g., Bus, Van, Personal Vehicle):

4. Consent, Liability, and Medical Authorization

I, , hereby give consent for my child/dependent, , to participate in the travel described above.

I acknowledge that participation in travel involves certain risks. I agree to release the organizing body, its staff, and volunteers from any liability, claims, or demands arising out of transportation and activities associated with this trip.

In case of a medical emergency, I authorize the supervisors to secure any necessary medical treatment.

Special Medical Conditions or Allergies (If none, write 'None'):

5. Signature and Date

Please print this document to sign and date by hand.

Signature of Parent or Guardian:

Sign here after printing

Date Signed:

MM/DD/YYYY