

# Chaperone Emergency Contact Authorization

Participant Full Name

Date of Birth

MM/DD/YYYY

## Parent/Guardian Information

Name

Phone Number

Alternate Phone Number

## Emergency Contact

Name

Relationship to Participant

Phone Number

## Authorization Statement

Authorization

I hereby authorize the designated chaperone(s) to act on my behalf in case of emergency and to contact the a

Parent/Guardian Signature

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Date

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