

# Minor Travel Consent for School Event

Minor's Full Name:

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Date of Birth:

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School Name:

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Event Name:

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Event Location:

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Event Date(s):

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To Whom It May Concern:

I/we, the undersigned, am/are the parent(s) or legal guardian(s) of the above-named minor. I/we authorize my/our child to travel and participate in the school event described above.

In case of emergency, I/we authorize responsible school personnel to seek and authorize medical attention as required.

Emergency Contact Name:

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Relationship to Minor:

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Phone Number:

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Signature of Parent/Guardian

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Date

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Printed Name of Parent/Guardian

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Phone Number