

Minor Travel Consent for School Event

Minor's Full Name:

Date of Birth:

School Name:

Event Name:

Event Location:

Event Date(s):

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:

Relationship to Minor:

Phone Number:

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

Phone Number