

MINOR CHILD PERMISSION FORM

Name of minor: _____ Birth date: _____

Trip destination: _____

Start date of travel: _____ End date of travel: _____

Name of Parent/Guardian: _____

Parent/Guardian contact phone: _____

I/We hereby give my permission for the above named minor child to participate in the above trip destination on the time period indicated.

I/We hereby designate _____ (chaperone) who is with our child and whose relationship to the child is _____, to be responsible for our child during the above mentioned trip.

Furthermore, should my child require routine or emergency medical attention during the trip, I specifically authorize the above named person to make any and all necessary parental decisions concerning any and all medical treatment that my child may require.

Dated: _____

Signature of Parent/Guardian: _____

Notary: