

Travel Consent Form

Coach(s): _____

Team Parent(s): _____

Destination: _____

Departure Time: _____ Return Time: _____

Mode of Transportation: *Select one or more.*

Car/Volunteer driver Van/Bus Airplane Other _____

Authorization to Consent of Treatment of a Minor

Athlete Name: _____ Birthdate: _____ Male Female

Parent Name: _____

Parent Phone (Cell): _____ Parent Phone (Home): _____

A) Name of Insurance Provider: _____

ID Number: _____

B) Health Needs

Please indicate if your child has any special health needs or limitations, including allergies, asthma, etc.

Please indicate specific instructions for above, including the need for medicines, special procedures etc.:

I give my permission for my child to:

1. Attend this field trip
2. For my child to be transported as noted on this form, and
3. for coaching staff and/or team parents to authorize medical care should the need arise.

Parent/Guardian(signature) _____ Date _____