

PERMISSION SLIP FOR TRAVEL FORM

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******* GIVE THIS PERMISSION SLIP TO YOUR DRIVER *******

I hereby grant permission for _____
to take part in _____ starting on
(Name of Event)
_____ until returning home to the original starting point on
_____.

I agree that _____ (driver's/sponsor's name) is in charge
and will at all times make decisions in the best interest of the group. In case of an accident
or if emergency medical attention is needed, the _____
has my permission to use their best judgment.

* My son/daughter is allergic to:

* Hospital insurance co. & policy #: _____
(If military, put ID card # and have teen carry it to the Conference.)

Signature of parent/guardian: _____

Address: _____

Phone: (home) _____ (work) _____
(cell) _____

Place of Employment _____ DATE _____