

TRAVEL CONSENT FORM

I, [PARENT OR GUARDIAN NAME], hereby authorize my minor child, [CHILDS NAME], to travel with [TRAVEL COMPANIONS NAME] on [DATES OF TRAVEL] to [DESTINATION].

I understand that [TRAVEL COMPANIONS NAME] will be responsible for the safety and well-being of my child during the trip, including transportation, accommodation, and any activities. I have discussed the itinerary and activities with [TRAVEL COMPANIONS NAME] and approve of them.

I hereby consent to any medical treatment that may be necessary for my child during the trip, including emergency medical care. I authorize [TRAVEL COMPANIONS NAME] to make any medical decisions on my behalf if I cannot be reached in case of an emergency.

I understand that [TRAVEL COMPANIONS NAME] will be carrying a copy of this consent form along with identification for my child and themselves. I will also provide [TRAVEL COMPANIONS NAME] with a contact list of emergency contacts, including my own, and any relevant medical information for my child.

I hereby release [TRAVEL COMPANIONS NAME] from any liability or claims that may arise from my child's participation in the trip, except for claims arising from [TRAVEL COMPANIONS NAME]'s gross negligence or willful misconduct.

Signed:

Parent/Guardian Name: [PARENT OR GUARDIAN NAME]

Date: _____ Signature _____

Phone Number: _____

Travel Companions Name: [TRAVEL COMPANIONS NAME]

Date: _____ Signature _____

Phone Number: _____