

Sports Team Away Game Travel Permission Slip

Team Name:

Coach Name:

Game Date:

Destination:

Student Athlete Name:

Parent/Guardian Name:

I give permission for my child named above to travel with the team to the away game destination listed. I understand the team will depart and return according to the schedule provided by the coach.

Emergency Contact Name:

Emergency Contact Phone:

Medical Conditions/Special Instructions:

Parent/Guardian Signature:

Date:
