

# Volunteer Activity Trip Permission Form

## Trip Details

Activity/Trip Name

Date

Location

Description / Purpose

## Volunteer Information

Volunteer Name

Age

Contact Number

Email

## Medical Information

Allergies / Medical Conditions

Medications

Emergency Contact Name

Emergency Contact Phone

Relationship

## Permission & Agreement

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I give permission for the above-named volunteer to participate in the activity/trip listed. I acknowledge reading and understanding the information provided, and agree to the terms and arrangements.

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Parent/Guardian Name

Signature

Date