

Sports Team Outbound Travel Consent Form

Team & Trip Information

Team Name

Event Location

Departure Date

Return Date

Participant Information

Participant Name

Date of Birth

Age

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email Address

Emergency Contact

Name

Phone Number

Medical Information

Medical Conditions / Allergies

Medications

Special Instructions

Consent and Agreement

I, the undersigned parent/guardian, authorize my child to travel and participate with the above listed sports team and authorize emergency medical treatment if necessary.

Parent/Guardian Signature

Date