## Minor's Group Tour Parental Consent Form

## **Minor Information**

**Emergency Contact Phone** 

Full Name of Minor	
Date of Birth	
Address	
Group Tour Information	
Tour/Event Name	
Tour/Everit Name	
Deta(a) of Taura	
Date(s) of Tour	
T1 4	
Tour Location	
Tour Location	
Parent/Guardian Information	
Parent/Guardian Information	
Parent/Guardian Information  Parent/Guardian Name	
Parent/Guardian Information  Parent/Guardian Name	
Parent/Guardian Information  Parent/Guardian Name  Relationship to Minor	
Parent/Guardian Information  Parent/Guardian Name	
Parent/Guardian Information  Parent/Guardian Name  Relationship to Minor  Contact Number	
Parent/Guardian Information  Parent/Guardian Name  Relationship to Minor  Contact Number	
Parent/Guardian Information  Parent/Guardian Name  Relationship to Minor	
Parent/Guardian Information  Parent/Guardian Name  Relationship to Minor  Contact Number  Email Address	
Parent/Guardian Information  Parent/Guardian Name  Relationship to Minor  Contact Number  Email Address  Emergency Contact	
Parent/Guardian Information  Parent/Guardian Name  Relationship to Minor  Contact Number  Email Address	

Medical Information
Medical Conditions, Allergies, or Medications
Parental Consent
I, the undersigned parent/legal guardian, hereby give permission for the above-named minor to participate in the group tour detailed above. I acknowledge that I have provided all necessary emergency and medical information.
Parent/Guardian Signature
Date