

Youth Group Retreat Transportation Release Form

Participant Information

Youth Name

Age

Parent/Guardian Name

Emergency Contact Number

Retreat Details

Retreat/Event Name

Date(s) of Retreat

Location

Transportation Release

I hereby give permission for my child to be transported by approved vehicles, including but not limited to buses, vans, or private vehicles, as arranged by the youth group for travel to and from the specified retreat or event. I understand that all reasonable safety precautions will be taken by the organizers and drivers.

Medical Information (optional)

Allergies / Medical Conditions

Medication Needed

Parent/Guardian Signature

Date

