Pilgrimage Parent/Guardian Consent Form (for minors)

Minor Information

Full Name of Minor	
Date of Birth	
Date of Birth	
Home Address	
Parent/Guardian Information	
Full Name of Parent/Guardian	
Ourtest New tea	
Contact Number	
Email Address	
Pilgrimage Details	
Name of Pilgrimage/Event	
Dates of Pilgrimage/Event	
Destination/Location	
Medical Information	
Relevant Medical Conditions/Allergies	

Current Medications

Emergency Contact	t Name & Number
Consent Dec	laration
I, the undersigned p	parent/legal guardian, give consent for my child to participate in the above and authorize the organizers to secure emergency medical care if necessary.
Parent/Guardian Siç	gnature
Date	