

Group Minor Travel Consent Form

Destination

Purpose of Trip

Dates of Travel

Group of Minors

Full Name

Date of Birth

Full Name

Date of Birth

Full Name

Date of Birth

Supervising Adult / Chaperone

Full Name

Contact Information

Parent(s) / Legal Guardian(s)

Full Name

Relationship to Minor

Contact Number

Full Name

Relationship to Minor

Contact Number

Medical Information (Optional)

Medical Concerns / Allergies / Medications

Consent Statement

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date