

High School Cheerleading Away Game Travel Consent

Student Information

Student Name

Grade

School

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email

Trip Details

Destination

Date

Departure Time

Return Time

Emergency Contact

Emergency Contact Name

Relation

Phone Number

Medical Information

Allergies / Medical Conditions

Medications

Consent and Authorization

I authorize my child to travel with the high school cheerleading team for away games. I acknowledge that I have provided accurate emergency and medical information, and authorize school authorities to obtain necessary emergency medical treatment for my child in case of accident or illness.

Parent/Guardian Signature

Date