

Youth Choir Out-of-Town Travel Permission

Youth Choir Member Name

Date of Birth

Grade

Trip Destination & Date(s)

Parent/Guardian Name

Emergency Contact Number

Alternate Number

Medical Conditions / Allergies

Insurance Provider & Policy Number

Additional Notes / Instructions

Permission Statement

I hereby give permission for my child to travel with the Youth Choir to the destination and dates listed above. I authorize the adult sponsors to obtain emergency medical care if necessary, and agree to hold the organization and its representatives harmless from liability.

Parent/Guardian Signature

Date