

TRAVEL RELEASE

The undersigned, one of the parents or the legal guradian of _____, a
minor, hereby consents for said child to travel from Community R-VI High School to _____
_____ on (date) _____. Estimated time
departure _____. Estimated time of return _____.

I authorized (sponsor) _____ and other adult
sponsors of said trip to give their consent to and arrange for any and all emergency medical, surgical, and dental
diagnosis, treatment, and care which they deem necessary for said child while in their care; and I agree to pay of
such services. I further authorize the sponsor and other adult sponsors of said trip to exercise control over said
child and to administer reasonable disciplinary measures to said child to the extent they may deem necessary or
expedient.

Dated this ____ day of _____, 20____.

Signature

Relationship

Telephone Number

In case you are not available in the event of an emergency, whom shall we contact in your absence?

Name

Address

Telephone Number

NAME OF FAMILY PHYSICIAN _____

ADDRESS _____

TELEPHONE _____