



# Parent/Guardian Consent – Team Travel

FIRST recommends that a Lead Coach/Mentor obtain this signed notice from a custodial parent before a child travels with the team (or with an adult to a team-related activity) in a different location from where the team ordinarily meets. The forms and procedures of the hosting school or organization may be used instead of (or in addition to) this form, as appropriate.

I am the parent/guardian having legal custody of (child's name) \_\_\_\_\_  
a member of FIRST Team # \_\_\_\_\_ Team Name \_\_\_\_\_  
hosted by (name of school/organization) \_\_\_\_\_

I give my consent for (child's name) \_\_\_\_\_ to travel with the members of Team # \_\_\_\_\_  
(dates) \_\_\_\_\_ to (destination) \_\_\_\_\_, and understand the following:

The purpose of the trip is \_\_\_\_\_

Name and contact telephone # of adult supervising the trip \_\_\_\_\_

Other trip details \_\_\_\_\_

Recommended things for the child to bring/wear \_\_\_\_\_

My child has the following needs/restrictions (list medical concerns, food allergies, etc.) \_\_\_\_\_

## COMPLETE IF AN OVERNIGHT STAY WILL BE PART OF THE TRIP

I understand this will involve overnight stay at (give lodging place and phone) \_\_\_\_\_

\_\_\_\_\_ on (dates) \_\_\_\_\_ and my child will be sharing a room

and facilities with (number and gender of other team members in room) \_\_\_\_\_

who are team members, and (names and genders of adults in room) \_\_\_\_\_

\_\_\_\_\_ who are adult chaperones.

## MEDICAL

I give my consent to the administration of (give medication, dose, etc.) \_\_\_\_\_

\_\_\_\_\_ to my child by an adult accompanying the team.

\_\_\_\_ (initials) I give my consent to the adults participating on the trip to seek medical care for my child in the event they deem it to be necessary.

## COMPLETE IF YOUR CHILD IS UNDER AGE 18 AND DRIVING TO THE DESTINATION (other team members may not ride with a driver under age 18)

I give my consent for (child's name) \_\_\_\_\_ to drive him/herself to and from

(destination) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone \_\_\_\_\_