



Traveling Permission Slip

Event: _____

Date(s): _____

Dear Parent/Guardian,

We are excited to inform you that your child has been selected to attend the _____ [Insert event description and date(s)]. The event will offer valuable experiences for youth commissioners to engage in leadership activities, network with peers, and learn from others. Please complete the following form to grant permission for your child to participate and return by _____.

Participant Information:

Name of Participant: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Phone Number: _____

Secondary Phone Number: _____ Email: _____

Contact Information for Child Pick Up/Drop Off

The individual listed in this section will be the authorized person to pick up the drop off the child. If there is more than one individual, please list that information here. In case the child is authorized to be dropped off without a designated individual present, please check the box at the end of this section.

Authorized Individual Name #1: _____ Phone Number: _____

Secondary Phone Number: _____ Email: _____

Authorized Individual Name #2: _____ Phone Number: _____

Secondary Phone Number: _____ Email: _____

☐ I authorize my child to be dropped off at the end of the field trip without any Authorized Individual present. I understand that a chaperone or volunteer will not drop my child off after the end of a field trip. I understand that the City of Manor, its employees, and volunteers are not liable for losses, injuries or accidents that may occur due to an Authorized Individual not being present.

Emergency Contact Information:

Emergency Contact Name #1: _____ Relationship: _____

Phone Number: _____ Email: _____

Emergency Contact Name #2: _____ Relationship: _____

Phone Number: _____ Email: _____

Medical Information:

Does the participant have any medical conditions/allergies? ☐ Yes ☐ No

If yes, please specify: _____

Is the participant currently taking any medications? ☐ Yes ☐ No

If yes, please specify: _____

Does the participant have any special needs or require accommodations? ☐ Yes ☐ No

If yes, please specify: _____

Does the participant have an special diet? ☐ Yes ☐ No

If yes, please specify: _____

Primary Care Physician: _____ Phone Number: _____

Health Insurance Information:

Insurance Provider: _____

Policy Number: _____

Emergency Medical Authorization:

In the event of an emergency, if I cannot be reached, I hereby grant permission for my child to receive emergency medical treatment. I understand that reasonable efforts will be made to contact me.

Signature of Parent/Guardian: _____ Date: _____

Liability Waiver:

I, the undersigned, grant permission for my child to attend the TML Youth Summit, and I understand that the City of Manor, its employees, and volunteers are not liable for any injuries, accidents, or losses that may occur during this trip.

Signature of Parent/Guardian: _____ Date: _____

Consent to Participate:

I, the undersigned, understand that my child will participate in various activities during the TML Youth Summit. I give my consent for their participation and acknowledge that they will adhere to the event's rules and guidelines.

Signature of Parent/Guardian: _____ Date: _____