



CONSENT TO TRAVEL

I/We, _____, am/are the lawful custodial parent(s) and/or non-custodial parent(s) or legal guardian(s) of:

Full Name: _____

Date of Birth: _____

- I authorize my child to travel **with the following individual/organization:**

- Individual/Organization Name: REBOUNDING ROANOKE

Itinerary

I authorize my child to travel to the following location _____ during the period beginning on _____, 20____ and ending on _____, 20____.

Signature(s)

Parent / Legal Guardian Signature: _____

Date: _____

Full Name: _____

Phone Number: _____

Additional Contacts (Emergency): _____

Relationship to minor: _____

Phone Number: _____