



TRAVEL PERMISSION FORM

I understand that my child will travel to _____ and from _____
in a motor vehicle operated by _____, who is a 4-H Organizational
Leader, 4-H Volunteer or Extension Agent. This person is a licensed and insured driver, and I clearly
understand the risks associated with my child's travel and assume all risks thereof.

Printed Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Relationship to 4-H Participant: _____ Date: _____

Contact Information:

Parent/Legal Guardian Name: _____

- Home Telephone Number: _____
- Cell Phone Number: _____
- Work Telephone Number: _____
- Other: _____

Alternate Emergency Contact Name: _____

Relationship to 4-H Participant: _____

- Home Telephone Number: _____
- Cell Phone Number: _____
- Work Telephone Number: _____
- Other: _____

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