



The Episcopal Diocese of East Tennessee Travel Consent Form

THE PARENTS/GUARDIANS

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

THE MINOR

Full Name: _____ Date of Birth: _____

TRAVELING WITH:

I authorize my child to travel with _____, which is a ministry within the Diocese of East Tennessee to _____ during the period beginning on ____/____/____, and ending on ____/____/____.

SIGNATURE(S):

Parent / Legal Guardian Signature: _____ Date: _____

Printed Name: _____

Contact Telephone: _____

Parent / Legal Guardian Signature: _____ Date: _____

Printed Name: _____

Contact Telephone: _____