

SCHOOL, SPORTS & EXCURSION CHAPERONE CONSENT

Effective Date

Place

1. Parties

This document is made on _____ (_____) by:

Parent / Legal Guardian

Individual

Full Legal Name

SSN / ID

Doc Series

Address

Addressed to:

Organizer

Individual

Full Legal Name

SSN / ID

Doc Series

Address

2. SUBJECT-MATTER SCHEDULE & SPECIFICATIONS

Participant's Full Name

Activity / Excursion

Dates & Location

Chaperone / Supervisor

Medical Notes & Allergies

Emergency Contact

3. EXECUTION & SIGNATURES

Parent / Legal Guardian

Signature

Full Legal Name

Date
