

TRAVEL CONSENT FORM

Date:	Destination:
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Driver		
Print First & Last Name	Cell Phone Number	Emergency Contact (Name & Cell #)

Passenger(s)		
Print First & Last Name	Cell Phone Number	Emergency Contact (Name & Cell #)

Vehicle Information	
Make:	Model:
Year:	Color:
License Plate #:	

Departure

Approx. Time of Departure:

Approx. Time of Arrival:

Address of where you are leaving from (If you are picking people up; include the last address you are leaving from):

Route (i.e. Leaving 5 Smith Bay, going north on Highway 6, then South on highway 9):

Return

Approx. Time of Departure:

Approx. Time of Arrival to Home Destination:

Address of where you are leaving from (if you are picking people up; include the last address you are leaving from):

Are you following the same route as you came?

Yes

No

If the answer is no, please specify:

Program Approval

Name

Signature

Date

Student

Name

Signature

Date

Ensure a copy of this form is kept in the vehicle with you at all times during the trip