

# Travel Permission Form

The Children/Youth Department is planning an off premises activity. Please read the details, sign and date the permission form and return it by \_\_\_\_\_ to \_\_\_\_\_.

Date of activity: \_\_\_\_\_

Description of activity: \_\_\_\_\_

Location of activity: \_\_\_\_\_

Date of activity: \_\_\_\_\_

Leaving at: \_\_\_\_\_ Returning by: \_\_\_\_\_

Transportation plans: \_\_\_\_\_

Leader's Name: \_\_\_\_\_

Name of Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Subscriber's Name: \_\_\_\_\_

Other details: \_\_\_\_\_

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