



TRAVEL CONSENT

I, _____, declare that I am the parent/legal guardian of,
_____, male, born _____. My child has my consent
to travel with the JBD Flight of Milwaukee, WI. In the event that my child requires emergency medical
treatment and I cannot be reached, the staff of the JBD/NAYS is authorized to consent to medical treatment.

I understand that the JBD Flight recommends that no valuables be brought on trip and if my son chooses to
bring any valuables, the JBD/NAYS organization is not responsible for loss or damages.

I understand that if the JBD/NAYS deems it advisable to make special arrangements for my child to be
returned home due to any unforeseen circumstances arising, I accept full responsibility for the additional costs
which shall be incurred.

Signature of Parent/Legal Guardian

Date Signed