



## TRAVEL CONSENT

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

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

I understand that if the NAYS deem 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