



Coyote Coast

YOUTH AND FAMILY COUNSELING, LCSW, INC.

*The Coyote Coast
Activities Program*

OUTING PERMISSION & CONSENT TO TRANSPORT FORM

This form allows your minor to participate in the activity on (date) _____

and/or for mentoring services, on an ongoing basis with Coyote Coast.

Specific Activity is: _____

Location: _____

Minor's Name: _____

I, the undersigned, being the parent or legal guardian of the child named above, do hereby consent to allow my child to participate in the above described activity with Coyote Coast. I authorize Coyote Coast staff to transport my minor for purposes related to the stated activity and/or ongoing mentoring.

Signature of Parent/Guardian: _____ Date: _____

Print Name: _____

Phone number where I can be reached during the activity: _____