



QUAD CITY SYMPHONY ORCHESTRA
MARK RUSSELL SMITH, MUSIC DIRECTOR AND CONDUCTOR

MINOR TRAVEL CONSENT

Parent/Guardian Name:

Parent/Guardian Address:

City, State, ZIP Code:

Parent/Guardian Phone Number:

Parent/Guardian Email Address:

Date:

TO WHOM IT MAY CONCERN:

I, _____, am the parent/legal guardian of _____, born on _____. I hereby provide my consent for my child to travel internationally with the Quad City Symphony Orchestra Association from June 13 through June 22, 2026. I authorize the designated chaperones and representatives of the Quad City Symphony Orchestra Association to accompany and supervise my child during the trip. I confirm that my child has my permission to travel to England, Spain, and Portugal and participate in all scheduled activities organized by the Quad City Symphony Orchestra Association. Additionally, I grant permission for my child to pass through immigration and customs under the supervision of the designated chaperones.

Emergency Contacts:

Primary Contact (Name, Relationship, Phone Number):

Secondary Contact (Name, Relationship, Phone Number):

This consent is valid for the duration of the trip and expires on June 23, 2026. I understand that the Quad City Symphony Orchestra Association and its representatives will take all reasonable precautions to ensure my child's safety during the trip. I agree to indemnify and hold harmless the Quad City Symphony Orchestra Association, its employees, agents, and designated chaperones from any liability arising from my child's participation in this trip.

Parent/Legal Guardian Name:

Signature: _____

Date:

NOTARY PUBLIC

State of _____ [Parent/Guardian State]

County of _____ [Parent/Guardian County]

On this _____ day of _____, 2026, before me, the undersigned notary public, personally appeared _____ [Parent/Guardian Name], known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public Signature: _____

Notary Seal:

My Commission Expires: _____



QUAD CITY SYMPHONY ORCHESTRA
MARK RUSSELL SMITH, MUSIC DIRECTOR AND CONDUCTOR

MINOR MEDICAL CONSENT

Parent/Guardian Name:

Parent/Guardian Address:

City, State, ZIP Code:

Parent/Guardian Phone Number:

Parent/Guardian Email Address:

Date:

TO WHOM IT MAY CONCERN:

I, _____, am the parent/legal guardian of _____, born on _____. I hereby provide my consent for my child to travel internationally with the Quad City Symphony Orchestra Association from June 13 through June 22, 2026. I authorize the designated chaperones and representatives of the Quad City Symphony Orchestra Association and its designated chaperones to make medical decisions on my behalf in the event of an emergency where immediate medical care is required.

I grant permission for my child, _____, to receive medical treatment, including but not limited to evaluation, diagnostic procedures, hospitalization, anesthesia, medication, or surgical intervention, as deemed necessary by a licensed medical professional. I understand that reasonable efforts will be made to contact me prior to such treatment, but in the event I cannot be reached, I authorize the designated chaperones to act in my child's best interest.

Additionally, I confirm that my child has the following medical conditions, allergies, or medications (if applicable). List any medical conditions, allergies, or medications or attach the health history form:

Insurance Information:

Health Insurance Provider:

Policy Number:

Insurance Provider's Contact Number:

Emergency Contacts:

Primary Contact (Name, Relationship, Phone Number):

Secondary Contact (Name, Relationship, Phone Number):

This authorization is valid for the duration of the trip and expires on June 23, 2026. I agree to indemnify and hold harmless the Quad City Symphony Orchestra Association, its employees, agents, and designated chaperones from any liability arising from medical treatment provided to my child under this authorization.

Parent/Legal Guardian Name:

Signature: _____

Date:

NOTARY PUBLIC

State of _____ [Parent/Guardian State]

County of _____ [Parent/Guardian County]

On this _____ day of _____, 2026, before me, the undersigned notary public, personally appeared _____ [Parent/Guardian Name], known to me (or satisfactorily proven) to be the person whose name is subscribed to this instrument and acknowledged that they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public Signature: _____

Notary Seal:

My Commission Expires: _____

- School Name: _____
- Relationship to Child (if applicable): [RELATIONSHIP]
- U.S. or Foreign Passport Number (if applicable): [#.]
- Country of Issuance: [COUNTRY]
- Date Issuance: [DATE]
- Date of Expiration: [DATE]

SIGNATURE(S).

Parent / Legal Guardian Signature: _____ Date: _____

Printed Name: _____

Parent / Legal Guardian Signature: _____ Date: _____

Printed Name: _____