



Coyote Coast

YOUTH AND FAMILY COUNSELING, INC.  
A LICENSED CLINICAL SOCIAL WORK GROUP

*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: \_\_\_\_\_