

OVERNIGHT EXCURSION – PARENT/GUARDIAN PERMISSION

Destination: \_\_\_\_\_ Date (s) of trip: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Alternate Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

1. If emergency medical attention is necessary, I agree to have my son/daughter taken to the nearest medical facility and to have medical attention rendered as deemed necessary by the attending physician.

INSURANCE GROUP & SUBSCRIBER NUMBERS: \_\_\_\_\_

2. If your son/daughter has any medical disability, allergies, medication requirement, etc., please list them below. PLEASE BE COMPLETE AND SPECIFIC:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. My son/daughter does \_\_\_\_\_, does not \_\_\_\_\_, have any permission to swim on this trip. NOTE: Supervision of the pool area may not be provided.

4. Any other restrictions? Explain.

\_\_\_\_\_  
\_\_\_\_\_

5. I have read the financial arrangements, the itinerary and guidelines for rules of conduct for this trip and do hereby give my consent for the student named to participate on this trip.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date