

# PERMISSION SLIP

FOR TRIP: \_\_\_\_\_

DATE FOR TRIP: \_\_\_\_\_

I give \_\_\_\_\_ (student) permission to take the trip to \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_ I have read the itinerary and other information and have no questions.

## PLEASE ANSWER THE FOLLOWING QUESTIONS

Are there any medical or other conditions of which we should be aware? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, please explain \_\_\_\_\_

Do you authorize the chaperones to approve emergency medical treatment if it is necessary?

\_\_\_\_\_ YES \_\_\_\_\_ NO

## PLEASE WRITE IN THE NAME AND CLAIM NUMBER OF YOUR MEDICAL INSURANCE

Insurance Company \_\_\_\_\_ Claim number \_\_\_\_\_

## PLEASE WRITE IN THE PHONE NUMBER AT WHICH YOU CAN BE REACHED IN CASE OF AN EMERGENCY

Daytime (\_\_\_\_\_) \_\_\_\_\_ Evening (\_\_\_\_\_) \_\_\_\_\_

## In the event of an emergency, if we are unable to reach you, whom should we call?

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone # (\_\_\_\_\_) \_\_\_\_\_

My son/daughter, \_\_\_\_\_ (student), and I understand that the rules in effect during school hours, apply to the trip as well. We understand that smoking, drinking, and the use of drugs are prohibited and that school guidelines will be followed. We agree that \_\_\_\_\_ (student) will be sent home by the bus or plane immediately after parent notification, and that we are responsible for any expenses incurred. We also agree that all luggage, bags, suitcases and other containers which are brought on this trip may be inspected or searched by the school employees at any time and that consequently \_\_\_\_\_ (student) has no expectation of privacy during this trip with respect to such containers.

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
STUDENT SIGNATURE

DATE \_\_\_\_\_

DATE \_\_\_\_\_