

## Section 1: Trip Information

SCHOOL	DESTINATION	DEPARTURE DATE	DEPART TIME	RETURN TIME
DESCRIPTION OF TRIP		SUPERVISING STAFF NAME	SCHOOL PHONE NUMBER	
WHEN MORE THAN ONE DESTINATION IS ANTICIPATED, PLEASE EXPLAIN AND ATTACH SCHEDULE		FOOD ARRANGEMENTS (when applicable)		

 Section 2: Student Information, Trip Permission and Medical Waiver *(completed by parent or guardian)*

STUDENT NAME		STUDENT CELL PHONE #	STUDENT HOME PHONE #
HEALTH INSURANCE PROVIDER		POLICY NUMBER	
<b>◆ TRIP PERMISSION</b> I, the parent of the above named student grant permission to the school to take him/her on the above described trip.	<b>◆ MEDICAL WAIVER</b> I, the parent/guardian of the above named student, grant permission to the supervising teacher to authorize necessary medical services in an emergency, including injections, anesthesia, surgery, and medication, if I cannot be contacted at the telephone numbers shown below, and I agree to be responsible for any expenses not covered by home insurance that may be incurred as a result of an accident or medical emergency involving the above-named student.		
PARENT/GUARDIAN NAME (PRINT)	PARENT/GUARDIAN SIGNATURE/DATE		CELL PHONE NUMBER

Form A Parent Permission Rev. June 2016

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