

EXTENDED TRIP APPLICATION AND PARENT/GUARDIAN PERMISSION FORM

Student information

Name: _____ Gender M F

School: _____ Current grade: _____

Address: _____

Parent telephone () _____ or () _____

Student telephone () _____ Date of birth _____

Parent/ Guardian information

Name(s) _____

Contact information, parent/guardian #1

Address: _____

Telephone () _____ or () _____

Contact information, parent/guardian #2

Address: _____

Telephone () _____ or () _____

Emergency contact if parent/ guardian cannot be reached

Name: _____ Relationship to student: _____

Address: _____

Telephone () _____ or () _____

Medical information (will be kept confidential)

Please list any medical conditions or health concerns for your student: _____

Please list any allergies: _____

Please list any current medications (prescription and non-prescription): _____

At the time of the trip, medication information, including doses and times, should be given to the

trip organizer.

Please describe the emergency plan to be used for any health concerns listed in the previous section:

Health insurance information

Insurance company: _____ Policy # _____

Name of insured: _____

Coverage effective date: _____

As the parent/ guardian of _____, I give my student permission to participate in the extended trip described here: _____

I understand that this is a _____ school-sponsored _____ non-school sponsored trip.

I understand that there _____ will _____ will not be a family stay component to this trip. If there is a family stay involved, the details of that portion of the trip have been made clear to me, including the selection of the families, and the availability of school district staff during the family stay.

I have been provided with an itinerary of the trip, along with a general schedule of pre-trip meetings, and a description of their purpose.

I give my consent for my student to participate in the trip.

Signature _____ Date _____
Parent/ guardian #1

Signature _____ Date _____
Parent/ guardian #2