Parent or Guardian Long Distance/ Overnight Excursion Permission Form

I understand my student,_____, will be participating in a school-sponsored trip
(Print student name)
To Camp Spalding / Fox Theater for the purpose of Wind Retreat / Recording Session. on the following day/days Feb. 10-12 / March 2, 2023 .

I understand my student will be required to exhibit courtesy and respect toward others at all times and that all school policies and rules, including schedules and curfew, will be strictly adhered to on the trip. For example, use or possession of tobacco, alcohol, or illegal substances is prohibited. Disciplinary action for misconduct may include, without limitation, restricting my student from the activity for which the trip is being taken; loss of credits; suspension; expulsion, etc.

Medical Information and Release

The following special health problems concerning my student should be noted – if none, please check "none";

_____ Heart condition
_____ Hemophilia
_____ Diabetes
_____ Allergy (specify below whether food, bee sting, etc.)
_____ Other
_____ None

Describe condition noted above with particularity, including any medications or other instructions:
_____
_____

In the event of a medical emergency, I hereby authorize the teacher/chaperone attending to my student on the trip to secure medical attention or hospitalization for my child.

My child's physician is:_____, at _____
Physician's phone number

My phone numbers are:_____ _____ _____
home work cellular

Alternative emergency contact:_____ _____
name phone

I understand the School District does not provide medical insurance for my student for purposes of this trip, and I am solely responsible for providing such insurance and for payment of any medical treatment expenses for my student that are not covered by insurance.

I have read the foregoing information, verifying its accuracy, and agree to the statements made above:

X_____ _____
Parent/Guardian Signature Date Signed

Signed Original: To be filed with principal/designee prior to departure of trip(s)
Copy: Teacher/Coach/Advisor