THE FOLLOWING MUST BE COMPLETED BY PARENT/GUARDIAN

Transportation Permission

Please check all modes of transportation your child will be permitted to use:

_____ Ride in a car driven by an adult driver
_____ Drive own car *(copy of Driver's License & Auto Insurance Card)*
_____ Drive own car w/student passengers *(copy of Driver's License & Auto Insurance Card)*
_____ Ride in a chartered bus or other public transportation, including a taxi, bus and/or airplane
_____ Ride in a car with another student

Other (please specify) _____

Signature of Parent/Guardian _____

Medical Insurance Information

I attest that my son/daughter has medical insurance coverage as follows:

_____

(Name of Insurance Company) **(Policy Number)** **(Group Number)**

If Applicable, please describe any medical condition that may recur and require treatment:

_____
_____
_____

Is your son/daughter allergic to any medications? _____ yes or _____ no

If yes, please explain:_____
_____

Is your son/daughter taking any medications? _____ yes or _____ no

If yes, please explain:_____
_____

My son/daughter does not have medical insurance and I will be responsible for any expenses incurred by my son/daughter.

Signature of Parent/Guardian _____

Emergency Medical Authorization

Should a medical emergency arise while my son/daughter is on this school sponsored trip, I request to be notified in order to approve medical treatment. In the event that one of the contacts listed herein cannot be reached, I give permission for immediate treatment as required in the judgment of the attending physician.

Signature of Parent/Guardian: _____ Date: _____

Parent /Guardian Home Phone Number: _____

Parent /Guardian Cell Phone Number: _____

Parent /Guardian Work Phone Number: _____

Name of Alternate Contact: _____ Phone #: _____

Relationship to Student: _____ Work #: _____