Parent or Guardian Long Distance/ Overnight Excursion Permission Form



I understand my stud	dent,	, will b	e participating in a school-sponsored trip	
	(Print stud			
to <u>Camp Spalding</u>	_for the purpose of <u>The</u>	Ferris Band Camp 2024 or	the following day/days Aug 19-21.	
school policies and is or possession of toba	rules, including schedules acco, alcohol, or illegal su itation, restricting my stud	and curfew, will be strictly ibstances is prohibited. Dis	toward others at all times and that all y adhered to on the trip. For example, use ciplinary action for misconduct may which the trip is being taken; loss of	
Medical Informati	on and Release			
The following specia	al health problems concer		noted – if none, please check "none";	
Heart condi		Allergy (specify below wh	emer rood, bee string, etc.)	
Hemophilia Diabetes		Other None		
Diaocics		None		
Describe condition r	noted above with particula	rity, including any medica	tions or other instructions:	
-				
	dical emergency, I hereby tention or hospitalization		perone attending to my student on the trip	
My child's physician	n is:	. at	:	
My child's physician is:			Physician's phone number	
			•	
My phone numbers	are:			
	home	work	cellular	
Alternative emergen	cy contact:			
	name		phone	
am solely responsib			my student for purposes of this trip, and I f any medical treatment expenses for my	
I have read the foreg	going information, verifying	ng its accuracy, and agree t	to the statements made above:	
2	, 5	5 7, 8		
X	ignature			
Parent/Guardian S	ıgnature		Date Signed	
	with principal/designee prior to de her/Coach/Advisor	parture of trip(s)		