

**Buchholz High School
Parental Trip Permission
For Overnight Trip**

The _____ Club/Team is
participating in _____ in _____ on _____.
(activity) (location) (date)

Your son/daughter will be accompanying us on this trip. While we anticipate no problems, we wish to be certain that your son/daughter and you clearly understand that consequences of inappropriate behavior on his/her part.

In the even that any serious misconduct occurs, the following steps will be taken:

1. The parent will be contacted and will assume the responsibility for either picking up their child or making financial arrangements to have their child transported home by the public carrier of their choice.
2. A school administrator will be notified of the infraction and the action taken by the sponsor.
3. There will be an automatic suspension of a minimum of 3 days from school.

Serious misconduct includes the following:

1. Violation of Board prohibition of controlled substances and alcohol
2. Possession, use, or transfer of dangerous weapons
3. Assault/battery
4. Theft, possession, or sale of stolen property
5. Arson
6. Sex violation
7. Extortion
8. Coercion
9. Serious breach of conduct
10. Fighting
11. Vandalism
12. Threatening or extremely defiant, abusive behavior or language

I have read the above information pertaining to the consequences of inappropriate behavior while on school trips and discussed these with my son/daughter. I understand that I am responsible for my child's transportation home should he/she be guilty of misconduct. I further understand that the sponsor and the school will assume no responsibility nor liability for my child after placing them in my care or placing them on the public carries of my choice.

(Student's Name: please print)

(Signature of Parent)

(Date)

Telephone number where I can be reached during this trip: _____

Overnight Trip Permission

Student: **First Name** _____ **Last Name** _____

Gender: _____ **Grade:** _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: () _____ **Cell Phone:** () _____

Parent/Guardian Name: _____

Medical Release Insurance Statement

Parent/Guardian Phone Numbers: **Work:** () _____ / **Cell:** () _____

Emergency Contact Other Than Parent: _____

Emergency Contact's Phone Number: () _____

Insurance Company: _____

Insurance Company Address: _____

Policy Number: _____

******Copy of the FRONT and BACK of the insurance card MUST BE ATTACHED******

Are you currently taking any medications? **Yes** _____ **No** _____

List medications: _____

List Allergies- if any: _____

Special Health Concerns: _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY RELEASE

I, the undersigned parent or guardian, do hereby grant permission for my son/daughter to participate with the Buchholz High School Group mentioned on the previous page. In case my child sustains injury or illness during the time period of the field trip, I hereby authorize the sponsor, coach or chaperone to obtain medical treatment deemed necessary as prescribed by a licensed physician. I further acknowledge that I will be responsible for any medical bills incurred on behalf of my son/daughter for the physical injury/illness that he/she may sustain during this trip.

Parent/Guardian Signature () _____ _____
Phone Number **Date**