



Office :864-834-5604

Fax: 864-834-7104

Parental / Guardian Travel Authorization

I/We _____ (✓ <input type="checkbox"/> Parent <input type="checkbox"/> Guardian)	
authorize (name of student) _____ to participate in the class trip indicated above.	
Does the student have any special health problems (dietary restrictions, food allergies or other minor ailments too) or handicapping conditions which will require special attention or supervision on this class trip? ✓ Yes _____ No _____	
IF Yes: <input type="checkbox"/> Medical <input type="checkbox"/> Nutritional <input type="checkbox"/> Both - Please fill out the details on the last page	
Once the trip is approved and confirmed we will get more information if you answered yes in order to prepare for the trip.	
We understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of the student during the trip. ✓ Yes _____ No _____	
✓	
Signature of Parent(s) or Guardian(s)	Date

Student engagement

I am aware that when I am on a school sponsored trip, I am under the jurisdiction and supervision of the school employed sponsors/chaperones and that my behavior must conform to the <i>Code of Student Conduct</i> , the school's Student Handbook, and reasonable instructions from chaperones. I understand I will be subject to appropriate disciplinary action for violations of these rules and regulations.	
✓	
Student signature	Date



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Child Name: _____ DOB: _____

Parent or Guardian Name: _____

Medical / Health Issue(s) Additional notes	
Dietary restrictions issue(s) Additional notes	
Other notes	
	<p>Attach:</p> <ul style="list-style-type: none">• Any prescription drug or other instructions to this document.• Any Primary Care physician information• Insurance information (if applicable)• Other pertinent information



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Parental Consent for Medical Treatment

In the unlikely case a child should get hurt or injured during the trip. This release gives us permission to take your child to the nearest available medical facility and have the medical attention deemed necessary administered. This release is necessary as many hospitals will not administer any medical attention to a minor without some form of parental consent.

I/We _____	
(<input type="checkbox"/> Parent(s) <input type="checkbox"/> Guardian(s))	
authorize (name of student) _____ to participate in the class trip indicated above.	
I/we do hereby recognize that the organizer(s), employees, directors, and agents (or other)	
will not be held liable for any unforeseen and/or unforeseeable accidents or injuries that may occur during the trip.	
<input type="checkbox"/> I/we, release the organizers, employees, directors, and agents (or other) from any liability for personal injury due to willful disregard on the part of my child to follow safety rules and instructions set out for this trip.	
<input type="checkbox"/> In case of emergency, I/we, understand every effort will be made to contact me/us. In the case I/we cannot be reached I/we hereby give permission to act on my/our behalf in seeking emergency treatment for my child in the event such treatment is deemed necessary.	
<input type="checkbox"/> I/we do hereby give permission to those attending to my child to administer treatment as seen fit using measures deemed necessary.	
<input type="checkbox"/> I/we absolve the organizers, employees, directors, and agents (or other) from liability in acting on my behalf in this regard.	
Signature of Parent(s) or Guardian(s):	
1.	Date:
2.	Date: