

# ARCOHE SCHOOL TRIP PERMISSION FORM

Please permit my son/daughter: \_\_\_\_\_  
To attend the trip sponsored by \_\_\_\_\_

\_\_\_\_\_  
(Class or organization)

To \_\_\_\_\_  
(Destination)

On \_\_\_\_\_  
(Date)

I understand the trip is expected to last from \_\_\_\_\_ to \_\_\_\_\_ a.m. /p.m.  
(Hour) (Hour)

Transportation will be provided by Arcohe School District Other \_\_\_\_\_

Teacher(s): \_\_\_\_\_

\_\_\_\_\_  
(Parent/guardian name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Phone)

\_\_\_\_\_  
(Work)

In case of emergency if I cannot be reached, please call:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Phone)

## INSURANCE AND MEDICAL RELEASE

I verify that my son/daughter is covered by insurance and release the Arcohe School District of any responsibility in case of an accident while the student is on this trip.

\_\_\_\_\_ My personal insurance covers my child in case of an accident or injury.

\_\_\_\_\_ I have no insurance but release the District from any responsibility.

My child has the following health problem: \_\_\_\_\_

My child must take the following medication: \_\_\_\_\_

I also authorize any physician or hospital personnel to provide emergency treatment, which may be needed.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Signature of parent/guardian)