



Notarized Certificate of Interest/Permission/Emergency Release For Major Magnitude Field Trips

Having read the cover letters, which outline the proposed Major Magnitude Trip as stated below, we give permission for our child to participate.

Trip Destination: _____ Dates of Trip: _____
Group Name: _____ Group Leaders: _____
School Officials: _____

Please print clearly

Student's Full Legal Name: _____ Date of Birth: _____
Parents/Guardians Full Name (printed): _____
Parents/Guardians Home Address: _____
Home Phone: _____ Student Cell Number: _____
Guardian #1-Cell: _____ Work Number: _____
Guardian #2-Cell: _____ Work Number: _____

Emergency Contact- Name & Number

_____ # _____

Physicians Name, Clinic & Number

_____ # _____

Medical Insurance Company & Policy #

_____ # _____

Please list any allergies/known medical conditions, important medications of traveling student:

We realize that with travel comes a possibility of injury or emergency. If an injury or emergency occurs and we cannot be reached, we release our son/daughter to the care of the bearer of this certificate. We understand there is no insurance coverage provided by the school. If our child is sent home early, and/or we incur medical expenses on his/her behalf, we agree to reimburse the school for all added expenses relative to that action.

_____ Date _____ Parent/Guardian Signature (in front of notary only!)

Notarized:

_____ Signature of Notary _____ Date _____