

## **Extended Trip Parent/Guardian Consent**

Student Name <i>First</i>	Middle	Last	
Address			
	Home phone		
give permission for my chi	d to participate in the sch	nool trip to:	
	Destination		
<ol> <li>Each person on the trip is a Students are to exhibit good.</li> <li>Rooms are to be kept neat.</li> <li>No boys in girls' rooms or good.</li> <li>Buddy System: all students.</li> <li>All students will be instruct.</li> <li>Any student whose behave a verbal reprimand.</li> <li>immediate supervict.</li> <li>room detention.</li> <li>parent notification.</li> <li>parent notification.</li> <li>Room checks will be cond.</li> <li>Any student leaving hotel.</li> <li>Imited to being re-hou.</li> <li>Listening to personal must.</li> <li>Clothing is to be neat, cleat.</li> <li>Student baggage may be departure for forgotten or.</li> <li>All individual health condit.</li> <li>Students may only take millicit literature, etc. are for.</li> </ol> As a student applying to particle of this is a school trip to a s	in the vicinity, or know the local responsible for the safety, well dependent of the safety, well and manners and behavior at all and the safety in boys' rooms unless specially in boys' rooms the well-being of sion by a chaperone  with student sent home at particular bed check will be seed in a chaperone's room for a chaperone's room for a chaperone's room for a chaperone's room for a chaperones at any unauthorized items. In this school in school bidden.  Inticipate in this school triaken for educational purples.	being, and happiness of all group members. times. easonable. Hotel items remain in the rooms. ecific permission is granted by chaperone. It whenever out of the hotel rooms. and trip etiquette by chaperones. others will be dealt with via either:  Tent's expense and arrangements  The remainder of the trip.  The remainder of the trip.  The taste.  The time. Parents, please check baggage before the chaperone, including medication expectations. Alcohol, tobacco, drugs, fireworks, water toys.  The property of the trip.  The property o	
Signature of student			
Date			
As parent/guardian, I agree disregards these rules, whithe fare home.	that I have reviewed thes ch may merit sending hir	se rules with my child. If my child n/her home from the trip, I will pay	
Signature of parent/guardian			
Date			

Teacher/Coach is to keep this page (emergency information) in possession during trip.



## **Consent for Emergency Treatment**

I hereby authorize		and, in his/her absence,
	of Charlevoix Public Schools to consent	
to any emergency treatment de-	emed necessary on b	pehalf of my child:
First	Middle	Last
Authorization will remain in effect	through this date:	^
I do also hereby assume responsi	bility for any expenses	incurred as a result of said treatment.
Signature of parent/guardian:		Date:
Student address:		
		ell phone:
Parent/Guardian name:		
Group Number:		
		_Phone
In the event that I cannot be read	ched, school personn	`
1.		at
Nama		(C)
Name	C	Phone  Phone