

Permission/Health Form for Travel

_____ has my permission to represent _____ high school and participate in Southern Interscholastic Press Association conference in Columbia, South Carolina March 6-8, 2009. I understand the adviser present at the conference with my child will be _____. Other advisers who will also be responsible for my child are _____. We will meet at _____. _____ Friday and will travel in _____. We will return Sunday at _____ to the same place where we left. (There will be phones available for students to call home.)

I, _____, hereby grant (adviser's name) the right to act on my behalf in case of an emergency to secure the safety and well-being of my child. I will provide the necessary emergency information below.

Parent/Guardian signature

Date

Emergency Information

Child's birthday _____ Social Security Number _____

List any medical conditions that the chaperones should know about your child:

List any medications that you child will be taking during the trip:

List any medications that your child is allergic to:

