

**AMERICAN LEADERSHIP ACADEMY  
STUDENT OVERNIGHT TRIP PARENTAL PERMISSION FORM**

**TRIP INFORMATION**

Teacher \_\_\_\_\_ Class or Group \_\_\_\_\_  
Purpose of Trip \_\_\_\_\_ Destination \_\_\_\_\_  
Leave Date \_\_\_\_\_ Return Date \_\_\_\_\_

**STUDENT INFORMATION**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_  
Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ Address \_\_\_\_\_  
Cell phone \_\_\_\_\_ Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

The safety of each student is our top priority at American Leadership Academy and every effort is made to ensure that this trip is safe. However, there are unpredictable, unavoidable, and inherent risks and dangers that no amount of caution, care, or instruction can eliminate. I understand that my child may encounter an inherent risk.

In the case of an accident, I understand that the school supervisor will make reasonable efforts to contact me. If the supervisor is unable to contact me I agree to allow the supervisor to take, arrange for, and consent to the procedures or treatment my student might need. I understand that American Leadership Academy does not carry any medical insurance coverage for my student and that I am liable to pay for all costs of any needed medical procedure or treatment.

**HEALTH INFORMATION**

If permission is granted, please provide the following medical information or if your child does not have any of the health conditions listed below, please write "none" (This information will only be used if your child requires medical attention.)

Medications being taken by student \_\_\_\_\_  
Allergies \_\_\_\_\_ Other Medical Information \_\_\_\_\_  
Physician Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Medical Insurance \_\_\_\_\_ Policy Number \_\_\_\_\_

I give permission for my student to participate in the trip listed above and authorize the adult leader supervising this activity to administer emergency treatment to the below named student for any accident or illness and to act in my stead in approving necessary medical care.

Student's Name (Please Print) \_\_\_\_\_  
Parent/Guardian (Please Print) \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_