

**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 _____

