

**BLAINE COUNTY SCHOOL DISTRICT #61
OVERNIGHT SCHOOL TRIP PERMISSION FORM**

Form must be completed by student and parent/guardian then returned to:

(Please print)

Requesting Teacher/Coach: _____

Student Name: _____

Dates of Trip: _____

Departure Time: _____ Return Time: _____

Destination: _____

Purpose: _____

What to Bring: _____

My child has a need for increased privacy in sleeping room assignment: Yes ___ No ___
(If marked Yes, the requesting teacher or coach will contact the parent to determine what is needed to ensure the student's privacy and safety.)

IN CASE OF ILLNESS OR INJURY, THE TEACHER/COACH SHOULD NOTIFY:

Name: _____

Relationship: _____ Phone: _____

In the event that the above named person cannot be located, provide the contact information of two individual the teacher/coach may call:

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of extreme emergency, illness, or injury, I authorize the teacher/coach to call 911 and/or transport student to the nearest medical service.

Signed: _____ (Legal Guardian) Date: _____

Allergies: _____

Additional Health Issues: _____

Family Physician: _____ Phone: _____

Family Health Insurance Plan: _____

For School Use Only: