

STUDENT INFORMATION SHEET

Student's Name: _____ Student's Cell Phone Number: _____

Emergency Contact Person's Name: _____ Relationship to student: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

Alternate Contact Person's Name: _____ Relationship to student: _____
Home Phone: _____ Cell Phone: _____ Work Phone: _____

PARENTAL PERMISSION TO ATTEND

_____ has my permission to travel to Little Rock, AR with Mrs. Bell and Mr. Lewis from Wednesday, March 8- Saturday, March 11. My child and I understand that all school rules and punishments will apply. I REALIZE THAT MY SON / DAUGHTER MAY BE SENT HOME AT THE **FAMILY'S EXPENSE SHOULD HE / SHE FAIL TO COMPLY WITH ANY OF THE MAJOR RULES OF BEHAVIOR** such as (1) possession of drugs, alcohol, or tobacco, (2) entering a room of the opposite sex, (3) leaving the room for any reason after curfew, or (4) any other offense that the chaperones feel necessitates the student's departure.

Student Signature

Parent/Guardian Signature

PARENTAL PERMISSION FOR MEDICAL TREATMENT

I grant permission to seek emergency treatment for _____ in case of illness, accident or injury. The insurance company is _____ and the identification # is _____. **(Please include a photocopy of health insurance card.)** *I have listed all pertinent facts dealing with my child's medical history on the bottom of this form. I have also listed any medications and doses which my child is taking and all medication which he or she is allergic to.*

Parent/Guardian Signature

Any information that the chaperone should know (list all medications):

