

RALEIGH COUNTY BOARD OF EDUCATION

PARENTS/LEGAL GUARDIAN CONSENT AND AUTHORIZATION FOR TRAVEL

I, \_\_\_\_\_, the parent/legal guardian of  
(Print Name)

\_\_\_\_\_, do hereby grant my consent and authorization for my child to travel with the following travel group sponsored by the Raleigh County Board of Education.

School: \_\_\_\_\_ Date: \_\_\_\_\_

Destination: \_\_\_\_\_

Teacher/Chaperone: \_\_\_\_\_

Other Information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian Signature

Parent's Statement of Responsibility

By granting permission for my child to attend the travel outing referenced above, I do hereby agree that the teacher/chaperone in charge of the outing shall have the authority to regulate the behavior of my child. I understand that the teacher/sponsor has the right to prematurely terminate my child's participation in the trip, if my student's behavior warrants such action. In such an instance, the cost of my student's premature transportation home is my responsibility. Students are expected to abide by the requirements of the Raleigh County Discipline Policy and the Safe Schools Plan.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian

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EMERGENCY MEDICAL TREATMENT  
STUDENTS

Applicant's Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_

Telephone Numbers: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Parent's Work Parent's Work

Allergic to any Medication? \_\_\_ If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Has applicant had tetanus shots? \_\_\_\_\_ When: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Tel. ( ) \_\_\_\_\_

Instructions for emergency medical treatment:

\_\_\_\_\_  
\_\_\_\_\_

Are there existing medical problems that the sponsor should be aware of?  
\_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, describe:

\_\_\_\_\_

Insurance Company: \_\_\_\_\_ I.D Number \_\_\_\_\_

Parent or Guardian: I hereby grant permission for the above to participate in extra or co-curricular activities. In the event of accident or medical illness, permission is granted for any such medical and/or surgical treatment as may be necessary. Every effort will be made to notify me before any major treatment is undertaken.

\_\_\_\_\_  
Signature of Parent or Guardian