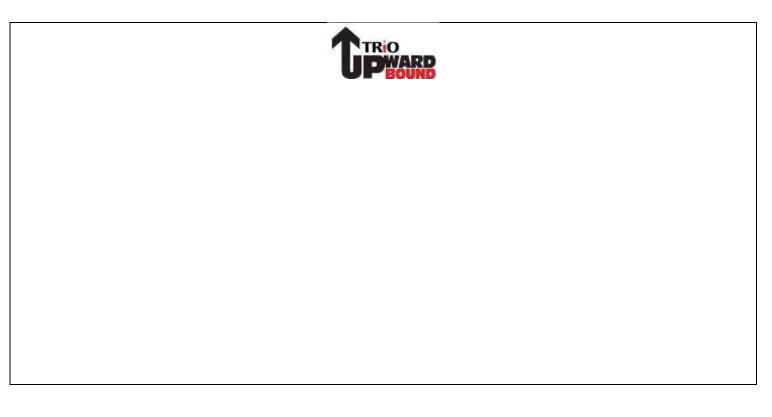


## Parent Consent Form

\*Note to Parents or Guardians: Your signature at the bottom of this form indicates that you have read and understood, and agree with the contents of the entire form.

Dates of Travel: From:	to		
Location:			
Special Instructions:			
Student's First Name:	Last N	Vame:	
Date of Birth:	Grade:		
Handbook, and he or she agrees must be aware that all Upward B	rules governing school trips for stude to be cooperative and responsible whi ound and college rules and policies co earents or legal guardians will be conta	le participating ontinue in place	on the trip. All participants during the trip. In an
activities. In the event the studen	e itinerary for the trip. I consent to my t requires the administration of medic apleted by Parent/Guardian and return	cations during a	field trip, the Medication
Student has the following health	concern: (Brief description)		
I give permission for my child to	self-administer:   Acetaminophe	en 🗆 Ibuprof	en Other:
$\square$ Student <u><b>DOES NOT</b></u> REQUIF	RE MEDICATION during the trip		
☐ Student <u>DOES</u> REQUIRE MI	EDIATION during the trip		
PARENT/GUARDIAN SIGNATURE:		DATE:	
Home Address:	City	State	Zip
Home Telephone	Work Number		Cell Number
Emergency Contact Person's M Emergency Contact Person's F	Name:Phone Number:		- 
Medical Insurance Carrier (re- Policy Number: (re-	quired): quired):		



We certify that we are the parent(s) or legal guardian(s) of the above named participant and further certify that my child has permission to attend and participate in the Upward Bound trip.