

NRHEG Public School ISD #2168
Overnight Trip Parental Consent Form

Rev. 2-2-2024



Trip Details:

- Destination: _____
- Dates: _____
- Accommodations: _____
- Activities: _____

Cost:

The estimated cost for this trip is \$_____. This includes transportation, accommodation, meals, and any planned activities. Please make payments by _____ to ensure smooth planning and organization.

Permission Slip:

I, the undersigned, give permission for my child, _____, to participate in the overnight trip to _____ organized by _____ from _____ to _____.

I understand that my child will be under the supervision of the school staff and that all reasonable precautions will be taken to ensure their safety.

In case of emergency, I can be reached at _____. Additionally, I authorize the school staff to seek medical attention for my child if deemed necessary.

Medical Information:

Please provide any relevant medical information or special instructions regarding your child's health or dietary needs.

- Medical Conditions: _____
- Allergies: _____
- Medications: _____

Acknowledgment:

I have read and understand the details of the trip, including the itinerary, cost, and safety measures in place. I agree to ensure that my child adheres to the rules and guidelines set by the school for the duration of the trip.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____