

**Aldo Leopold Charter School  
Permission for Travel**

\_\_\_\_\_  
**Student Name** (please print)

Your student will need to participate in various school-sponsored trips away from the school campus during the school year. These activities will take place under the guidance and supervision of member of the school staff and approved volunteers.

The following methods of transportation may be used for these trips: activity bus and/or suburban.  
Please fill out the following items:

- Are trip sponsors authorized to approve emergency medical treatment? \_\_\_Yes \_\_\_No
- Is student covered by medical insurance? \_\_\_Yes \_\_\_No
- If yes, name of insurer: \_\_\_\_\_
- Any medical allergies or instructions:  
\_\_\_\_\_  
\_\_\_\_\_
- Name of emergency contact \_\_\_\_\_ Phone# \_\_\_\_\_
- Phone number(s) where you can be reached: \_\_\_\_\_

By signing below, the parent/guardian acknowledges and accepts the risks of physical injury associated with participation in these activities. Except in case of gross negligence on the part of the sponsor, parent/guardian accepts personal financial responsibility for any bodily personal injury sustained during an activity. Further, the parent/guardian promised to hold harmless the school and its representatives for any injury related to the activity. If a dispute over the agreement or any claim for damages arises, the parent/guardian agrees to resolve the matter through a mutually acceptable arbitration process.

I understand that misbehavior by my child may result in me being required to come and pick up my child at an activity.

I give my child \_\_\_\_\_ blanket permission for school trips.  
(print name of student)

\_\_\_\_\_  
Parent/Guardian Name (print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

