

## Travel Permission Slip

I give permission for my child \_\_\_\_\_ to attend The Four Winds Ropes Course field trip on August 21, 2015 with the College Park Girls Water Polo team.

In case of emergency, I authorize the adult in charge to take any action believed necessary for the best interest of my child, including emergency room treatment.

My child has the following known allergies: \_\_\_\_\_

My child takes the following medications: \_\_\_\_\_

I understand that my child is responsible for administering any of her required medications or notifying an adult if she is unable to do so.

Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's name: \_\_\_\_\_ Phone: \_\_\_\_\_

My child's cell phone number is: \_\_\_\_\_

### **In case of emergency, please contact:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

Parent/guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_