

Permission Slip for 2016 Morrice French Trip and Emergency Medical Care

I, _____, do hereby give permission for my son/daughter, _____, to participate in the Morrice ITV French Travel Abroad to France and Spain in April of 2016.

Date: _____ Signature: _____

Emergency Medical Permission

I hereby give Kim Yonkman, Greg Yonkman, and Cathy Edington permission to obtain emergency medical care for my son/daughter (full name), _____, in the event it becomes necessary during the trip to France and Spain in April of 2016.

The name of my health insurance company is _____. My insurance group number is _____. My policy number is _____.

Date: _____ Signature: _____

Address: _____

Telephone: (W) _____ (H) _____ (C) _____

Emergency Contacts

The person to contact in case of an emergency

During the day is _____ Relationship to student _____

Telephone: (W) _____ (H) _____ (C) _____

During the night is _____ Relationship to student _____

Telephone: (W) _____ (H) _____ (C) _____

My son/daughter uses the following prescription drugs for the following medical conditions:

*Copies of the prescription are attached: _____

My son/daughter is allergic to the following drugs:
