

Metro Tech High School

PARENTAL PERMISSION FORM

<input type="checkbox"/> Day Trip	<input type="checkbox"/> Overnight Trip <i>Insurance required</i>
Student Name: _____	
Student ID # _____	Teacher/Sponsor Name: _____

As parent/guardian of the above-named student, I give my approval for my son/daughter to participate in off campus activities in conjunction with the following school activity.

Activity Description: _____		
Date(s) of Trip: _____	Starting Time: _____	Ending Time: _____
Destination: _____		
Address: _____	Phone: _____	
Travel Mode: <input type="checkbox"/> PUHSD vehicle <input type="checkbox"/> Bus <input type="checkbox"/> Plane – Air Flight:		

Please provide the following information:

My son/daughter is covered by insurance as follows: **(Complete one)**

<input type="checkbox"/> School accident insurance policy number: _____	
<input type="checkbox"/> Family health and accident insurance policy number: _____	
Name of Insurance Company: _____	
<input type="checkbox"/> My student is not covered by insurance	
In case of emergency, notify:	
Phone number: _____	Relationship to Student: _____
Doctor/Hospital: _____	Phone number: _____

If my son/daughter requires emergency service involving medical action or treatment, and if neither the parent(s) nor the family physician can be contacted for consent, then I, as parent or guardian of _____ hereby give consent to the rendering of such emergency medical service for my son/daughter as shall be necessary in the medical opinion of the doctor rendering such service.

I have read and completed all the above information; my signature verifies my agreement to all the above statements.	
Parent/Guardian (printed): _____	
Parent/Guardian Signature: _____	Date: _____
Phone number(s): _____	
<i>This form must be returned to the sponsor at least seven (7) days before the date of the activity.</i>	