

**The Governor's School for the Arts  
Parental Consent and Medical Release Form  
Overnight Trips and Selected Day Trips**

The undersigned parent or legal guardian of \_\_\_\_\_,  
a student at The Governor's School for the Arts, gives permission for the forenamed child to participate  
in all trips as sanctioned by The Governor's School for the Arts.

A detailed itinerary of the trip and schedule of activities will be provided. I understand the following:

1. That unanticipated circumstance may make it necessary to vary the schedule or change specific activities.
2. That there will be adult supervision throughout the trip, but there will be times when students will not be under the direct surveillance of the adult chaperone(s).
3. My son/daughter may be sent home at my expense if determined necessary by the chaperone(s).
4. The provisions of The Governor's School for the Arts Student Handbook are in effect for the trip.
5. Any field trip is subject to last minute cancellation due to local, state, national, and/or international situation(s).

Should the need for the medical treatment of my child arise, this document shall serve as my authorization for emergency care personnel to administer treatment deemed appropriate. Further, I acknowledge my financial responsibility for any treatment rendered in such an emergency.

This student has the following medical conditions, allergies, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This student is taking the following medication(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy No: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Student Age: \_\_\_\_\_

Student Address: \_\_\_\_\_

Emergency Phone No: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Student Email: \_\_\_\_\_

Parent Cell: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*Please be advised there can be no guarantee that refund of payment(s) can be made.*