



SAINT IGNATIUS COLLEGE PREP

Authorization for Participation in an Overnight Trip

PART I: To be completed by sponsoring school organization/department/activity.

Saint Ignatius College Prep, 1076 W. Roosevelt Road, Chicago, will sponsor an overnight trip.

Sponsoring club/organization: _____

Dates: _____

Lead Chaperone: _____

Destination and purpose of this trip is:

Fees to be paid by the student for this trip: _____

PART II: To be signed by the student.

I wish to participate in the trip described above. If I am permitted to participate, I agree to observe all applicable school rules and the directions of the trip moderators in charge.

Date: _____ Student Signature: _____

PART III: To be completed and signed by the student's parent(s)/guardian(s).

My child is hereby given my permission to participate in the trip described above. I further authorize Saint Ignatius College Prep to change this trip, or even cancel it, if such change or cancellation appears necessary or desirable in the judgment of an appropriate official of the school. I understand that, in such cases, every effort will be made to avoid materially increasing the expenses of the trip and to avoid notably changing the character of the trip. My permission is given with the additional understanding that the school's accident insurance is applicable. My child has permission to travel per the plans set forth by the trip moderator.

The undersigned grants permission to the designated representative of Saint Ignatius College Prep to authorize that emergency medical treatment considered necessary by qualified medical personnel for the student whose name appears on this form. The authorization is for the duration of the trip and all associated travel. It is understood that every effort will be made to contact the undersigned immediately if and when an emergency occurs.

Student Name: _____

Student Date of Birth: _____

Student Medical Conditions/Allergies: _____

Student Current Medications: _____

Student Home Address: _____

Parent/Guardian Cell Phone #: _____

Relative/Friend Emergency Contact: _____

Emergency Contact Cell Phone #: _____

My signature below indicates that I have read this form, understand it, and agree to it in its entirety.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Revised 9.14.2022