



# 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*