

## **West-Mont Christian Academy Student Permission Slip & Information Form**

Must be filled out and submitted with class selections for all overnight trips.

<b>Student Information</b>	
Name:	
Date of Birth:	
Street Address:	
City, State, Zip:	
Home Phone:	
Student Cell:	

<b>Parent Information</b>	
Mother's Name:	Father's Name:
Work #:	Work #:
Cell #:	Cell #:
Email Address:	Email Address:

<b>Emergency Contacts</b>	
Name:	Name:
Relationship to Student:	Relationship to Student:
Phone#	Phone#
Email Address:	Email Address:

<b>Health Insurance Information</b>	
Insurance Company Name:	
Policy Holder's Name:	
Policy #	Group#

<b>Physician/Medical Information</b>
Physician's Name:

Physician's Phone Number:

Student Medical Conditions (i.e. allergies, illness history, etc.)

Medications that may be administered: (circle) Advil    Benedryl    Sudafed    Tums

Medications to be taken on trip (include name of medication and frequency/dosage)

**Parent Authorization:** I give my permission for my child to participate in the following Winterim trip/class \_\_\_\_\_.  
In the event of illness or injury I authorize the designated school chaperones to give consent for any medical treatment, procedure, and hospitalization if I cannot be reached. In the event my child must return home early I understand I will be responsible to cover the needed transportation costs.

**Mother's Signature:**

**Date:**

**Father's Signature:**

**Date:**