

# ***GHS GREAT ESCAPE TRIP***

## ***Monday, July 12th***

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Dear Parent/Guardian,

By completing this form, you are giving permission for your student to participate in the GHS summer trip to the Great Escape on Monday July 12, 2021. **Students will be provided with free admission, a catered lunch, and a refillable drinking bottle.** The bus will leave GHS at 9:30 AM and return at 6:30 PM. Please complete this form and return it to the Main Office by Monday, June, 21st.

I, \_\_\_\_\_ give my child \_\_\_\_\_ permission to attend.  
(parent/guardian name) (student's full name)

### **EMERGENCY MEDICAL INFORMATION**

\_\_\_\_\_  
Student Name Phone

\_\_\_\_\_  
Parent/Guardian Phone

\_\_\_\_\_  
Additional Emergency Contact Phone

Primary Insurance Provider/Policy #: \_\_\_\_\_

Allergies \_\_\_\_ No \_\_\_\_ Yes (If yes, please list below)

\_\_\_\_\_  
\_\_\_\_\_  
In case I cannot be reached, I authorize the school official in charge to obtain the services of the nearest ambulance, emergency squad or licensed physician. I also authorize a trained first aid person or licensed physician to provide immediate and necessary care.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date