

Student ID: \_\_\_\_\_

**Nicholas County Schools  
Trip/Activity Participant's Consent Form**

_____	_____	_____	
Student's Name	Birth Date	Address	
_____	_____	_____	_____
Parent/Guardian	Day	Phone Number	Evening

This student has my permission to participate in \_\_\_\_\_  
trip/activity, including location  
and related activities as planned (which may include swimming, sight-seeing tours, etc.) with

_____	_____
Group Advisor	Home Phone

In the event that I cannot be reached, please contact: (name and phone number)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

We have read and agree to abide by the rules and regulations. We also understand and agree that the group advisor or school officials have the authority to send this student home from the trip/activity at our (parents) expense, provided that, in the judgment of the group advisor, he/she has violated the rules and/or his/her conduct has become a detriment.

_____	_____	_____
Parent/Guardian Signature	Relationship	Date



**Medical Information**

Local family physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current medical/health problems: \_\_\_\_\_

Will any prescription or non-prescription medication be used or taken for "as needed" use during the trip/activity?  
YES \_\_\_\_\_ NO \_\_\_\_\_

**If yes, a Nicholas County Schools Administration of Medication form completed by the physician for each prescription (or parent if non-prescription) and signed by the parent must be supplied to the group advisor or designee. Use copy on reverse of this consent form. Additional copies may be obtained from the advisor.**

Allergies (list medication, environmental, and food allergies) \_\_\_\_\_

Last Tetanus vaccination \_\_\_\_\_  
Parent/Guardian's Insurance Company: \_\_\_\_\_  
Address: \_\_\_\_\_ Policy #: \_\_\_\_\_

In case my child becomes ill or injured, the group advisor or designee, physician, and hospital are hereby authorized to render such treatment as may be deemed necessary in an emergency for the welfare of my child.

_____	_____	_____
Parent/Guardian Signature	Relationship	Date