

# Education Youth Spring Break College Tour Permission Slip

Please print legibly

**Student Name:** \_\_\_\_\_ **Student Email:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Parent Email:** \_\_\_\_\_

**Parent Number** \_\_\_\_\_ **School:** \_\_\_\_\_ **Grade level:** \_\_\_\_\_

**What city are you leaving from (Circle one):** Kenosha Racine Chicago **Other:** \_\_\_\_\_

**Which bus tour are you taking part in (circle one):** Eastern Southern Excursion Southern Celebration

**Please note:** All normal precautions will be taken to ensure a safe and worthwhile trip, but those in charge of this trip cannot be responsible for any difficulties arising from students not following directions or in case of an accident.

\*All participating students and parents must sign the code of conduct form. It is imperative that all participating students understand all safety procedures as clearly instructed by the parent or legal guardian. Education Youth Development Outreach honors **ALL** school districts (Public, Private, Charter) Code of Conducts.

I hereby give my permission for my child: \_\_\_\_\_ to participate on Education Youth's Spring Break College Tour dates: \_\_\_\_\_.

**As a parent:**

\*I plan to attend at least 2 parent meetings and will discuss the Parent/Student Information Package regarding codes and conduct pertaining to my child. At parent meetings you will be given college tour materials and a clear presentation of what the tour will entail.

\*I will instruct my child on the instructions, rules and itinerary of the Spring Break College Tour.

**IN THE EVENT OF EMERGENCY CONDITIONS:** the following procedures will be followed:

If parent/guardian are not available, the following responsible party can be reached at:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

- 1) The trip authorities, or other qualified persons will give emergency first aid.
- 2) In case of serious injury: The child will be transported to the nearest hospital for examination by a physician and
- 3) My child (circle one) **will, will not** need special medication during this time away from home

Please list medication and time needed: \_\_\_\_\_

I authorize the College Tour Authorized Chaperones to follow the emergency procedures as outlined above. I will not hold Beyond College Youth Development responsible for injuries sustained by my child due to willful negligence and not following rules.

**Parent / Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing, you agree that you are the parent / legal guardian and that you have read and understand the above information and that all information regarding your child, medication required.