



## Student Travel- Parent Consent Form

This form communicates to the parents the particulars of this Horizons Tutoring sponsored activity/travel and affords the teacher/tutor the information necessary to act reasonably in the case of an accident, emergency, or other situation that could arise during this activity/travel.

I permit my child ( print name): \_\_\_\_\_ to participate in the planned student activity/travel to (see detail in the attached itinerary).

Teacher/Tutor: \_\_\_\_\_

Travel  
Dates: \_\_\_\_\_

Cost per  
student: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Phone  
Number: \_\_\_\_\_



Student Emergency Medical Information:

When my child is involved in this school activity and I am otherwise unable to provide authorization the teacher/tutor(s) have the authority to act for me and to provide any required consents and authorization for the delivery of medical care, diagnosis, and treatment, including surgical intervention, if necessary, on behalf of my minor child named above, and do all other necessary things as I might or could do to provide for the child's health and safety, if I were present. (This authorization is valid for the current school year or until such time as I withdraw the authorization.)

If there only certain permissions that you would like to add you can do so here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Child's date of birth: \_\_\_\_\_ Allergies: \_\_\_\_\_ Current treatments  
or medications: \_\_\_\_\_ Name of family doctor: \_\_\_\_\_  
\_\_\_\_\_ Phone Number: \_\_\_\_\_ Medical

Insurance Company: \_\_\_\_\_ (copy of card if

possible) ID #: \_\_\_\_\_ I hereby relieve Horizons Tutoring of all

responsibility beyond that of normal care and supervision. Student behavior in this activity is regulated by and subject to the Parent-Student Code of Conduct. All students must travel according to the mode indicated unless a special arrangements have been made prior to between a parent and the teacher/tutor and must be in writing.



This form must be completed and in the possession of the tutor/teacher prior to the activity/travel departure and taken by the teacher/tutor on the travel trip.

Parent signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

Cell Phone  
#: \_\_\_\_\_

Teacher/Tutor  
Signature: \_\_\_\_\_