

# RCCA SCHOOL TRIP FORM

STUDENT NAME  Phone Number

DESTINATION OF TRIP

PERSON(S) IN CHARGE

Date of Trip  Leave School at:  Return to School at:

Cost:  Due to RCCA by:

Needed by student on trip:

My child has my permission to go on this trip:  YES  NO

Signature of Parent (s) or Guardian(s) \_\_\_\_\_

## MEDICAL INFORMATION (Use back of this form if necessary)

Please list any health problems which this student has.

Please describe the symptoms of said problems.

Please list any Medication(s) carried by student here. Include where kept, how used, and required dosage for each medication.

Contact Lens worn:  YES  NO

Family Doctor:  Doctor Phone Number:

Your Insurance Company:

Emergency Phone Number

In case of an emergency, I give my permission for my child to receive medical treatment at the nearest medical facility under any circumstances deemed necessary by the person(s) in charge of the trip.

Signature of parent(s) or guardian(s): \_\_\_\_\_  
\_\_\_\_\_