

**THE SUMMIT COUNTRY DAY SCHOOL TRIP PERMISSION AGREEMENT**

\_\_\_\_\_ give my permission for \_\_\_\_\_  
Parent's Name - PLEASE PRINT Student's Name - PLEASE PRINT

to participate in the MS/US school State Latin Convention trip to Columbus (OH)  
(Middle or Upper) Class/Organization

\_\_\_\_\_ with Larry Dean/Lisa Mays on 12:45 Feb 24 to 5:00 Feb 26  
Destination Trip Coordinator Trip Dates and Times

For safety and travel requirement reasons a picture ID is required of each participant.

**School Policies**

I understand all rules, policies and regulations set forth in The Summit Student Handbook pertaining to student behavior at The Summit remain in effect for the duration of this trip. Any student found in violation will incur the penalties as set forth in the handbook.

Furthermore, the use, possession, consumption, sale, purchase, whether actual or attempted, of alcoholic beverages or illegal drugs or other controlled substances by students of The Summit may result in the student being sent home on the next available means of transportation at the parent's expense. I agree to provide my child with a valid major credit card number and expiration date for this trip.

Students must follow curfew decisions as well as all Summit staff decisions. In addition, students may not miss assigned check-in times and are required to participate in the entire planned itinerary.

**Liability Release**

The Summit Country Day School will not be held responsible for any injuries to or liabilities incurred by the students and the undersigned hereby release and hold The Summit Country Day School, trustees, employees, agents and volunteers harmless from any injuries or damages incurred by the students or the undersigned arising on or from the trip referenced above.

**Medical Emergency Phone Numbers and Medication**

In case of medical emergency, we will attempt to notify the parents and doctors specified on The Summit Student Emergency Medical Form. If this is not possible, by signing this agreement, you hereby agree to authorize the chaperones and local medical professionals to make a decision on behalf of the student. Phone numbers are included in the itinerary should you need to reach us. The trip coordinator must be notified of any prescription or over-the-counter medication needed and such medication must be kept by the trip coordinator. All prescription medication must be in the original container and dispensed to the student as prescribed by physician and written consent of the parent. Over-the-counter medication for the student will be dispensed with written consent of the parent.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Daytime Phone Number (s)

\_\_\_\_\_  
Name of Health Insurance Co.

\_\_\_\_\_  
Health Insurance Policy Number

\_\_\_\_\_  
Address of Health Insurance Co.