

I, the undersigned parent/guardian of _____ do hereby give permission for the chaperones of St. Luke's Episcopal School to obtain medical treatment for my child in the event of an emergency during the 6th grade Tremont trip. I further agree to be financially responsible to any doctor, hospital, or pharmacy used for the treatment of my child. I have included my insurance carrier and policy number below. I have also attached a copy of my insurance card.

Insurance Company _____

Group Number _____

Policy Number _____

Parent Signature _____

Date _____

All students must have proof of insurance. If you do not have health insurance on your child, you must purchase travel insurance prior to the trip. This information needs to be provided to the school as well.

_____ I do not have health insurance at this time, but I will purchase a travel policy prior to the trip dates.

Child's name _____

Parent's signature _____