

**Salem High School
Parental Permission for Educational Trip**

By my signature below, I give my permission for my child to participate in the educational trip to Saint Augustine, Florida on April 19-21, 2009. I agree that I will hold neither the school nor any of its employees responsible in the event of an accident or injury during the trip. In addition, I give permission to Salem High School staff members to authorize medical treatment for my child in the event of illness or accident. I understand that students who violate school rules while on the trip will be sent home at parents' expense. I also understand that there will be no refunds for trip costs issued by Salem High School after deposits have been made. If students choose not to attend or are removed from the approved list (due to discipline problems or failure to earn passing grades in courses required for graduation), they have the option of finding a suitable replacement to purchase their spot on the trip.

parent/guardian's name

student's name

parent/guardian's signature

date

home telephone number

insurance provider

work or cellular telephone number

insurance policy number