

**ENGLISH 9
HARPER'S FERRY TRIP
PERMISSION**

(student name)

has my permission to attend the Harper's Ferry rafting trip on August 19, 2010.

(parent's name—please print)

(signature of parent and date)

MEDICAL INFORMATION

Your child's health is our first concern. Please describe any current health conditions and your instructions concerning medication that must be administered during the trip.

My child may be given over-the-counter medication (Pepto Bismol, acetaminophen, ibuprofen, Imodium, Benadryl). Please specify the type(s) you permit. *If you do not specifically list medications, they cannot be administered because of the risk of allergic reactions.*

CONTACT INFORMATION
(in the event of an emergency)

Home telephone: _____ Work telephone: _____

Cell phone: _____ Pager: _____

Name and number of a family member or friend who may be contacted in case you cannot be reached:
