

Student Travel Permission & Medical Consent Form

Country: _____

Date of Travel: _____

Student Information

- **Student Full Name:** _____
- **Date of Birth:** _____ **Age:** _____
- **School:** _____
- **Grade:** _____

Student Cell Phone (if applicable): _____

Parent/Guardian Information

Parent/Guardian Name(s): _____

- **Relationship to Student:** _____
 - **Primary Phone Number:** _____
 - **Secondary Phone Number:** _____
 - **Email Address:** _____
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Travel Permission

I give permission for my child, named above, to participate in the educational and service trip to (country) _____, scheduled for (date of travel) _____, including all planned travel, lodging, service projects, sightseeing, and group activities as outlined in the trip itinerary.

I understand that:

- Travel will be conducted as a group under adult supervision.

- Students will be required to follow all school and SKY behavior policies and trip expectations.
- Failure to follow expectations may result in disciplinary action, including being sent home at the parent/guardian's expense.

Parent/Guardian Initials: _____

Medical Information

- Does the student have any medical conditions we should be aware of?
 No Yes (please explain):

- Allergies (food, medication, insects, etc.):

- Current Medications (name, dosage, frequency):

- Dietary Restrictions:
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Medical Treatment Authorization

In the event of illness or injury, I authorize trip leaders and/or designated medical personnel to obtain emergency medical treatment for my child if I cannot be reached immediately. I understand that I am financially responsible for any medical expenses incurred.

Parent/Guardian Initials: _____

Insurance & Emergency Transport

I understand that air ambulance MedJet Assist insurance can be purchased.

<https://medjetassist.com> 1-800 527-7478

Parent/Guardian Initials: _____

Behavior & Safety Agreement

I acknowledge that:

- Students must remain with the group at all times.
- Students may not venture out independently.
- SKY school shirts must be worn during travel and project activities.
- Safety and unity are of paramount importance.

I understand that failure to comply may result in my child being sent home early at my expense.

Parent/Guardian Initials: _____

Photography & Media Release

I grant permission for my child to be photographed or recorded during the trip for educational, promotional, or informational purposes.

Yes **No**

Parent/Guardian Signature

I have read and understand all information provided above and grant permission for my child to participate in this trip.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____

Student Acknowledgment

I agree to follow all trip rules, behavior expectations, and safety guidelines.

Student Signature: _____

Date: _____

Notary: _____

Date: _____

Seal: