

Parent Permission and Medical Authorization for the May 27th through May 30th, 2025 Grad Trip sponsored by My Grad Trip, LLC.

Dear Parents,

This Form Must be completed before your child will be allowed to participate on the trip. Under no circumstances will any participant be allowed to travel without a signed copy of this form.

I, _____, as Parent or Legal Guardian of _____, grant permission for my child to participate in the above-mentioned Grad Trip sponsored by My Grad Trip, LLC.

Parent/Guardian Signature

Date

Child Signature

Date

Rules

1. Prohibited Items: Drugs, Alcohol, Fireworks, Firearms or weapons of any kind are not permitted. Any participant in possession of any prohibited items or under the influence of any prohibited items are subject to removal from the trip. If a participant is removed for the trip, they will be responsible for their own lodging and transportation from that point.
2. Smoking/Vaping is permitted in designated areas only if the person is of legal age, **legal age in California is 21**. (Disneyland is a non-smoking venue). Any underage participant in possession of smoking/vaping items will be removed from the park.
3. Dress code Disney: Disney has a designated dress code for their Grad Nite. If participants fail to meet the Disney dress code they will not be allowed into the park, no refunds will be given if a participant is denied access to the park (visit: www.disneylandgradnite.com for more information)
4. The Beach: Please understand that the Ocean is very different from a pool. Please discuss swimming abilities and beach safety with your child before they travel with us.
5. Arizona School Districts are not affiliated with My Grad Trip, LLC and have not sponsored this trip
6. Behavior and Promptness: Participants must behave properly at all times. Any insubordination will not be tolerated and may result in removal from the trip. Buses will not wait for late arriving participants. Schedules will be strictly adhered to. Participants that miss their bus will be responsible for the own transportation to the next destination (no refunds will be given for participants tardiness).

I have read and understand all of the rules provided.

Parent/Guardian Signature

Date

Child Signature

Date

Medical Information

If my child becomes ill or sustains an injury while a participant on a My Grad Trip, LLC sponsored event, I authorize first aid to be administered. If it should become necessary to seek professional medical treatment, I give my permission for a licensed medical professional to administer any medical and/or surgical treatment they deem necessary, including hospitalization, for my child. I also understand that every effort will be made to contact me in the event of an emergency. I accept full financial responsibility for any medical expense incurred.

Parent/ Guardian Signature

Date

Home Phone: (_____) _____

Work Phone: (_____) _____

Cell Phone: (_____) _____

Insurance Provider: _____ Policy Number: _____

Current Medications: _____

Allergies to Medications: _____

YOU MUST HAVE THIS SHEET SIGNED AND A PHOTO I.D. TO BOARD THE BUS