

SCHOOL DISTRICT NO. 22 (VERNON)

TRAVEL CONSENT FORM

SCHOOL:		STUDENTS NAME:		
REGARDING TRIP TO:				
PURPOSE OF TRIP:				_
TYPE OF VEHICLE:	DA	TE OF TRIP	то	_
-	ed by the Principa	I. I understand the	e under the supervision of the school at my child will be required to adhere school.	
		•	n connection with this activity beyond uring normal operating hours.	d that
I agree to appoint the attention or hospitalize			nnel – as my agent to engage medica hild requires same.	1
To the best of my kno disability that would p			my child has no physical or medical	
THE FOLLOWING TO BE COME	PLETED FOR OVER	NIGHT AND LONG	ER TRIPS:	
Please list below any allergies	or ailments your	child is subject to	and precautions to be taken:	
				_
My child is covered by: (Pleas	e check where ap	plicable)		-
Medical Insurance	MSP EHB Other	Care Care	d #	
BC Hospital Insurance Student Accident Insu	Yes rance: Yes	No	No	
I hereby voluntarily give my co above trip.	onsent to School [District No. 22 (Vei	rnon) for my child to participate in th	e
 Date		Signature of Pare	ent or Guardian	