

Overnight, In-State,
Out-of-State

**OVERLAND HIGH SCHOOL
PARENT CONSENT FORM
and INSURANCE FORM**

I give my permission for _____ who will be traveling with
_____ on _____ staying at
_____ Phone Number _____

traveling by _____ to be treated by an qualified individual deemed necessary by the sponsors of the trip in the event of any medical or other such emergency. I will hold neither Overland High School, Cherry Creek School District, nor any employee thereof, liable or responsible for the obtainment of or the result of any emergency or medical treatment obtained for my son/daughter.

I also grant permission to the sponsors to do what they judge necessary to control or modify any behavior by my son/daughter which they (sponsors) perceive as being harmful to the success of the trip and/or discomforting to the other participants. If my son/daughter becomes a problem in any way, I will be available for a phone call from the sponsors, and with them consider a manner in which the problem will be promptly solved.

Students will be sent home by plane or bus at the parents' own expense after a long distance collect call has been made to the parents should any student seriously violate the rules as set forth for this trip.

I fully understand the Cherry Creek Schools do not provide accident or health insurance coverage for my son/daughter while he/she is participating in interscholastic activities. However, accident insurance is made available by the School District through an authorized agent. I further understand that it is my responsibility to provide health/accident insurance coverage for my son/daughter.

INSURANCE INFORMATION FORM

Name _____

Address _____

Subscriber Name _____

Policy Number _____

Nearest Relative _____

Address of Relative _____

Phone: Home _____ Work _____

Date of Birth of Insured _____

Please list any allergies, medications, or other problems which your son/daughter may have.

Current Medications _____

Tetanus Status: _____

() _____
(Parent's Phone Number)

Signed _____
Date _____

_____ (_____) _____
Home Address (Alternate Emergency Phone Number)