

Oakridge High School Close Up

Parental Permission Form

STUDENT: _____ please print

PARENT or GUARDIAN: _____ please print

ADDRESS & PHONE: _____

DATES of TRAVEL: May 4 to May 10

DESTINATION: Washington D.C.



The above student will be traveling with Mr. Wood and Oakridge Close-Up Program members to Washington D.C.

Please read and sign the following statement. I understand the rules and procedures to be followed, both on the trip to Washington, and once my son/daughter is there. I understand that the Close-Up Organization will thoroughly review their rules and regulations and that if those rules are seriously violated by my son/daughter he/she could be sent home early at their own expense.

I also understand that Mr. Wood is the advisor and I support his decisions regarding disciplinary action which might need to be made during this trip.

parent/guardian signature

student signature

MEDICAL INFORMATION:

Please note any medical information Mr. Wood should know concerning the above student. Note doctor's name and phone. Also identify insurance company, phone, and policy number. List meds that student will be taking.

**Medical Insurance Company
phone & policy number**

Family Doctor / phone

MEDICATIONS

THIS FORM CONTINUES ON BACKSIDE

PERTINENT INFORMATION:

Please explain any situations you think Mr. Wood should be made aware of concerning the student listed above. Be as specific as possible.

[illegible]