



Christ-Centered Education since 1900

PO Box 1000
748 South Main
Freeman SD 57029

Travel Permission Form

My child, _____ has my permission to travel and participate with the Freeman Academy Chamber Choir from April 15, 2009 through April 21, 2009 to Chambersburg, PA. This document covers all events planned during the above-stated time period.

My child has my permission to bring and self-administer the following medication:

_____ No Medication can be self-administered.

_____ The name of the Prescribed/Over the Counter Medication to be self-administered is

_____.

I have read the rules concerning trips taken by the Freeman Academy Chamber Choir and understand that my child must abide by those rules. Prior to the trip, my child will have access to printed schedules and specific information for the trip.

I also understand that all transportation to and from events will be on the chartered bus. At the festival students will be with host families that will transport them in their privately owned vehicle.

I understand that the emergency medical care will be available on each trip. The medical form I must complete for the year will provide the essential information to help insure the safety of my child.

I have read this travel permission agreement and understand, and accept all of its terms. I have executed it voluntarily and with full knowledge of its significance.

Parent Signature _____ Date _____

Return completed form by April 15, 2009