FINAL RESERVATION FLORIDA TRIP May 2 – May 7, 2021

Name of student		Phone #	
Parent/guardian		Address	
Emergency contact perso	on	Phone #	
Second choice		Phone #	
	ay 7, 2021 trip to Florida.	•	ormation distributed by Mr. Mark Fenrick in ins and give our full permission for the above
			perones in administering discipline. We also ne/she be sent home in advance of the group.
children, we trust their juor illness that is beyond to chaperones our permiss assume all financial resp	udgement in all matters in their direct control or occu- ion to seek any medical a consibility for such profes	regard to the trip and will not hold t rs in spite of their judgement. Furth attention that they may deem nec	ch group member as they would for their own them responsible for any unforeseen accident er, we give Mr. Fenrick, Mrs. Fenrick, and the essary in emergency situations, and we will dicine, or service. We also agree to accepting the trip.
Signature of parent/guardian		Date	
Name of Health Insurance		Policy No.	
		NOTARY SEAL	
County	Date	Name of Notary	

Please describe below, or on the back, any notable health conditions about which we should know in regard to your child. Please copy (front and back) your insurance card on the back of this form or on another sheet of paper.

Expiration date