

**University School of Jackson
Off Campus Travel Permission Form**

Student _____
(Last) (First)

Home Phone _____ Birthdate _____ Grade _____

Allergies (if any) _____

Parent/Guardian _____ Work Phone _____ Cell _____

Parent/Guardian _____ Work Phone _____ Cell _____

Additional Medical Information

Family Physician _____ Phone _____

Health Insurance: Company and Policy Numbers _____

I hereby authorize USJ to administer Tylenol (age-appropriate dosage) to my child, if deemed necessary.

I hereby authorize USJ to administer other medication to my child as noted: _____

Field Trip Information

_____ has my permission to participate in the school-sponsored trip to:

_____ on _____.

Means of transportation _____ Cost of trip _____

Departure time _____ Estimated Return Time _____

Please return this permission slip by _____

In the event of an emergency, if neither parent/guardian nor physician can be contacted, or if there is not time to make such contact, the following signature authorizes such emergency medical treatment as may be deemed necessary.

(Signature)

(Date)

Complete the information below for Lower School students only:

My child does not need a booster seat. I will supply a booster seat for my child.