

**STUDENT OVERNIGHT ACCOMMODATION FORM**

To be completed by parent/guardian:

School: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ (H) \_\_\_\_\_ (W)

Emergency Contact:

Name (1): \_\_\_\_\_

Name (2): \_\_\_\_\_

Telephone (1): \_\_\_\_\_ Fax: \_\_\_\_\_ Email \_\_\_\_\_

Telephone (2): \_\_\_\_\_

Medical Information

CARE Card Number: \_\_\_\_\_

Travel Insurance: \_\_\_\_\_ Coverage No. \_\_\_\_\_

Passport/I.D. Number: \_\_\_\_\_

Medical Alert Information (allergies, dietary restrictions, medication, existing medical conditions) that you want the supervisors and/or billeting family to know about:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permission is given to seek medical attention. Parent / guardian will be notified.

Signature of Parent/Guardian \_\_\_\_\_

- 1 copy to office
- 1 copy to teacher
- 1 copy to billeting family

CODE OF CONDUCT

Trip \_\_\_\_\_

Date \_\_\_\_\_

The following rules of conduct shall apply to all:

1. Act as good ambassadors, hence following Rules of Conduct
2. When not with the group, each student must be in the company of at least two other students
3. Students are expected to observe any curfew initiated during the trip
4. Intoxicants in any form are not permitted at any time
5. Host families will be notified of any change of schedules
6. Courtesy and respect will be afforded all persons encountered on trip including hosts and supervisors
7. Any student who feels ill or encounters any problems must inform one of the chaperones immediately
8. Any pre-existing medical conditions must be reported to the supervisor or one of the chaperones prior to trip departure
9. Any accommodations used during the trip are to be kept clean and free from damage
10. Students will not go into sleeping quarters that they are not assigned to without the specific approval of the supervising teacher.

We, the undersigned, understand that our son/daughter/student under my care, \_\_\_\_\_ is subject to the above mentioned regulations governing the field trip and that any violation of the regulations will result in some form of disciplinary action upon return to School District #61.

Dated at Victoria, on this \_\_\_\_\_ day of \_\_\_\_\_

Understood and agreed to by \_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Signature of Student