

Medical/Disciplinary Release

If the parents and authorized physician named cannot be reached at the time of an emergency and if immediate observation or treatment is urgent in the perception of school authorities, I authorize that my son/daughter be taken to the hospital for emergency medical treatment. I agree to reimburse the school for any medical cost that might be incurred by my son/daughter while on the trip.

I also understand that in the event that my son/daughter does not comply with the rules given to them or by the rules of the school, they may be sent home at my expense and will not receive a refund of any kind.

Major violations include but are not limited to:

- Possessing illegal drugs, cigarettes, or alcohol
- Conducting oneself in an inappropriate manner
- Causing harm to another person
- Causing damage to property
- Stealing
- Being insubordinate to adults and/or other authority figures.
- Being in the Cabins of the opposite sex

(Parent Signature)

(Date)

(Student Signature)

(Date)