



## Bancroft School Overnight Permission Form

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home telephone #: \_\_\_\_\_ Father's work #: \_\_\_\_\_

Cell(s) \_\_\_\_\_ Mother's work #: \_\_\_\_\_

Name/address of others who could be called in an emergency: \_\_\_\_\_

Name	Address	Telephone	Relationship to student
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1- \_\_\_\_\_

2- \_\_\_\_\_

3- \_\_\_\_\_

Is your child presently under a physician's care? Yes \_\_\_\_ No \_\_\_\_

If yes, please list: Medication Prescribed for

1 - \_\_\_\_\_

2- \_\_\_\_\_

3 - \_\_\_\_\_

Does your child have any medical condition or allergy of which we should be aware?

Yes\_\_ No \_\_ If yes, please explain: \_\_\_\_\_

Insurance provider: Please attach a copy of insurance card/I.D.

Membership/policy #

Please be sure that your child has an adequate supply of any prescription to take on this trip.

If you need more space for medical/prescription information, continue on reverse.

**The reverse side of this form must be signed and dated by parents/legal guardians**

Bancroft School Overnight Permission form, page 2 of 2

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**AGREEMENT TO BE SIGNED BY BOTH PARENT(S) AND STUDENT**

I, \_\_\_\_\_, a participant in \_\_\_\_\_ trip/program sponsored by Bancroft School, agree to the following understanding binding upon myself and my parents. I waive any and all claims against Bancroft School and its agents, domestic and overseas, and any staff members or teacher counselors accompanying the group, and their heirs or estate, arising from any death, injury, loss, damage, accident, delay, irregularity or expense to person or property incurred from the use of any vehicle or services, strikes, weather, sickness, government restriction or regulations. I also release Bancroft School and its agents from any financial obligations or liabilities that I may incur as an individual, or any damage or injury to the personal property of others that I may cause while participating in the program, and I agree to indemnify them against any such financial obligations or liabilities.

I also grant Bancroft School or any of its staff or agents the full authority to take whatever action they feel is warranted under the circumstances in regard to my health and safety or any of its staff or agents may at their discretion place me at my own or my parent's expense in a hospital, or at any point for medical services or treatment. Further, Bancroft School, its staff or agents are authorized to transport me back to the United States at my own or my parent's expense for medical treatment in they deem this necessary. I certify that the applicant is in good physical and mental condition and that he/she has no special medical or physical condition which would impede participation in the program. I further agree that, should there be any dispute concerning my participation in the program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of the Commonwealth of Massachusetts.

I certify that I am the (custodial) parent or legal guardian of the applicant, that I have read and that I understand the above agreement and that I accept and will be bound by its conditions, on my behalf and on behalf of the applicant. I further accept that the school representative/teacher may send my child home at my expense prior to the end of the program in the event of a serious breach of school regulations or other rules governing student behavior.

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**Signature of student**

**date**

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**Signature of parent/legal guardian**

**date**