



# THE WILDS Senior Class Trip

Oct. 6–10, 2008

## Permission Form

Please complete the following information with a parent's or guardian's signature and return it to the Academy office by **Wednesday, Sept. 24**.

### Telephone numbers

Parents' home phone: \_\_\_\_\_

Father's work phone: \_\_\_\_\_

Mother's work phone: \_\_\_\_\_

### Health Insurance Information

Name of insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

For BMS policy holders, please provide the ten-digit member ID.

### Medical Information

Allergies/handicaps: \_\_\_\_\_

Medicine taken regularly: \_\_\_\_\_

\_\_\_\_\_

Medical restriction(s): \_\_\_\_\_

I authorize \_\_\_\_\_ to go on the Senior Trip to THE WILDS, Oct. 6–10, 2008. I realize the Academy is not liable for any accident or injury which takes place on this trip, and I give permission for my son/daughter to take part. I understand transportation will be on Bob Jones University vehicles.

I authorize the sponsors of this trip to act for me according to their best judgment in any emergency requiring medical attention. I understand that BJA and BJU are not responsible for any expense incurred because of an injury or illness.

Please give your child a copy of your health insurance card so that he or she has it in his or her possession at THE WILDS.

\_\_\_\_\_  
Parent's or guardian's signature