



## Inner City Outings Trip and Participant Information

Trip Destination: \_\_\_\_\_

Trip Date(s): \_\_\_\_\_

Departure Time: \_\_\_\_\_

Approximate Return \_\_\_\_\_

Departure Location: Manhattan Middle School

Participant Name \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_

### Trip Participant Information

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

List any special health concerns (asthma, contact lenses, *etc.*), allergies (to food, drugs, insects, *etc.*), and/or any dietary limitations (vegetarian, lactose intolerance, Kosher, Halal, *etc.*):

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

List all medications being taken, including inhalers. List: purpose of medication, dosage, when to administer, who will administer, and where it will be kept during the outing. Please pack enough for the duration of the trip.

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

Sign Here  
X

**Publicity Permission**  Yes  No

I give permission for my child/guardian's picture and/or words to appear on any medium of communication (for example, radio, television, newspapers, ICO brochure or website) as a means of promoting the Inner City Outings program. **Your child will still be able to participate on outings even if you do not agree to this publicity permission.**

