



TRIVIUM PREPARATORY ACADEMY

A Great Hearts Academy

2001 North Bullard Avenue | Goodyear, AZ 85395 | Office: (623) 866-4730 | Fax: (623) 866-4729 | www.triviumprep.org

Great Hearts – Trivium Prep Senior Trip
Dates of Trip: _____

PERMISSION SLIP / BEHAVIOR CONTRACT

My student, _____, has my permission to participate in Great Hearts -Trivium Preparatory Academy’s Senior Trip. I/We believe that reasonable and necessary precautions for safeguarding the students during the trip will be taken. Beyond this, I/we agree to hold Great Hearts Academies and its chaperones harmless in the event of injury, accident, or sickness while s/he is participating in this off-campus activity. Participants will follow the directions of the chaperones in all circumstances. Students will be in their rooms by 10:00 p.m. every night or when directed. Use of tobacco, alcohol, vaping, drugs or illegal substances is strictly forbidden. Students will not socialize in each other’s rooms after the curfew has expired. Students who violate any prohibition, the curfew, or fail to follow the directions of the chaperones will be sent home immediately at parental expense.

Parent(s) Signature(s):

Print: _____ **Signature:** _____ **Date:** _____

Print: _____ **Signature:** _____ **Date:** _____

Student Signature:

Print: _____ **Signature:** _____ **Date:** _____

PERMISSION TO TREAT

****Students MUST attach a photocopy of the front and back sides of their insurance card to this form.***

I/We give permission for emergency medical treatment for my child if necessary, while under the supervision of the Great Hearts Trivium Prep Senior Trip chaperones. Furthermore, I/We give permission for the Great Hearts Trivium Prep chaperones to give the medications listed below to my student for the duration of the trip.

Student’s Name: _____ **Student’s cell number:** _____

Parent(s) Signature(s):

Print: _____ **Signature:** _____ **Date:** _____ **Cell#** _____

Print: _____ **Signature:** _____ **Date:** _____ **Cell#** _____



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Home Address: _____

Insurance Plan: _____ Group Number: _____

Cigna, Blue Cross Blue Shield, Humana, etc.

Policy & Member #s: _____

Policy Holder's # (usually 9 digits) Child's member # (03, 04, etc.)

Family Doctor: _____

Name

Phone

List ALL medical concerns: _____

Current medications/dosages needed for the trip: _____

Please list over-the-counter medications that chaperones may give to your child (please be specific):

Known allergies (especially to medicines and foods):

Students should carry their insurance card with them at all times during the trip.

Transportation Permission Form

Please sign below indicating your permission for your student to ride in a vehicle driven by a Trivium Prep chaperone, if the need should arise during the senior trip. By signing below, you indicate you will not hold Trivium Prep Academy or chaperone drivers liable in case of any accident.

Parent(s) Signature(s):

Print: _____ **Signature:** _____ **Date:** _____