

Student's name \_\_\_\_\_,

Last Name

First Name



The East Coast Trip

# TRIP AUTHORIZATION FORM

Do not sign form until in front of a Notary with your picture ID

Student's Name \_\_\_\_\_ M F Birthday \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Work Phone Numbers \_\_\_\_\_

Student's Cell Number \_\_\_\_\_ [Please list both parents' numbers, if applicable]

Physician's Name \_\_\_\_\_ Physician's Phone Number \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Known Allergies \_\_\_\_\_

Medications to be taken on the trip, include dosage frequency & reason for taking this medication

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

Date of Last Tetanus Shot \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

## MEDICAL POWER OF ATTORNEY

In the event of injury or illness to my child while on The East Coast Trip, I know that I will be contacted for permission and directions regarding emergency treatment. If I cannot be contacted, I hereby appoint the supervising chaperones as our true and lawful attorney-in-fact for us and in our name, power and stead, and give said attorney-in-fact full power and consent to any necessary x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to our son/daughter on the advise of any physician or surgeon licensed to practice in the jurisdiction of which our son/daughter is located. This power ends June 6, 2026.

*Signature of parent or guardian X* \_\_\_\_\_

## ROOMING

I acknowledge I have read all policies and procedures stated by Countryside Tours, the trip authorization form, and the roommate assignment requirements.

*Signature of parent or guardian X* \_\_\_\_\_

## NON-DISCRIMINATION / ANTI-BULLYING POLICY

It is Countryside's goal to maximize all students' social integration and equal opportunity to participate in overnight activities and trips, ensuring all students' safety and comfort, while minimizing stigmatization of students. Along those lines, Countryside prohibits discrimination against and harassment of any student because of race, color, national or ethnic origin, age, religion, disability, sex, sexual orientation, gender identity and expression, veteran status or any other characteristic protected under applicable federal or state law.

*Signature of parent or guardian X* \_\_\_\_\_

## MORE SIGNATURES & NOTARY SIGNATURE ON BACK

Student's name \_\_\_\_\_, \_\_\_\_\_  
Last Name First Name



The  
East  
Coast  
Trip

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## DISCIPLINARY ACTION

I understand that my child will be sent home **at my expense** for unacceptable behavior while on the trip. This will be at the chaperone's, group leaders and Countryside Tours discretion. I further understand that arrangements must be made within 24 hours of being notified.

*Signature of parent or guardian X* \_\_\_\_\_

## WAIVER OF LIABILITY OF ILLNESS / INJURY

I acknowledge the contagious nature of many illnesses and voluntarily assume the risk that my child may be exposed to and or infected by these illnesses by attending the East Coast Trip. I understand and knowingly assume all risks associated directly or indirectly with my child participating in any activity on the trip and that Countryside Tours cannot guarantee my child's safety or immunity from infection.

I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen my child may experience or incur on the East Coast Trip.

**I further agree to make arrangements to get my child home safely if they become ill and/or are unable to continue on the tour.**

*Signature of parent or guardian X* \_\_\_\_\_

## NOTARY STATEMENT

State of Michigan, County of \_\_\_\_\_ On this \_\_\_\_\_ of \_\_\_\_\_, 2026

before me personally appeared \_\_\_\_\_, to me

known to be the person described in act and who executed the foregoing instrument and acknowledged

the same as his/her free act and deed.

Notary Public \_\_\_\_\_

\_\_\_\_\_, Michigan

My commission expires: \_\_\_\_\_