



NOVA TOURS & TRAVEL

Permission Slip

Name of Group: _____

Date of Trip: _____

Name of Participant: _____

Destination: _____

I hereby give permission to my child, _____ of class

_____ to accompany the faculty advisors of the above tour for the days indicated above. I will hold neither the school, faculty nor Tour Company responsible for accidents or injury to my child. The chaperones on this tour have my permission to take my child to the nearest hospital for emergency treatment. (Please list special medical needs below)

My son/daughter shall comply with all the rules set forth by the chaperones or they will be removed from the trip and sent home at my expense.

Special Medical Needs :

Parent's Signature: _____ Date: _____

Address: _____
(Street) (City) (State) (Zip Code)

Home Phone Number: _____ Alternate Numbers: _____
/ _____

Cell Work

Please list the name of the nearest relative or someone we can contact in the case of an emergency and you can not be reached.

Name / Relationship / Phone Number



NOVA TOURS & TRAVEL
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