

**Explorer Post 1010
TRAVEL PERMISSION FORM
Please return by March 15, 2023**

I give permission for my son/daughter, _____, to attend the **2023 RocketsForSchool Program** from **Thursday, May 11 to Sunday, May 14, 2023**, in **Sheboygan, Wisconsin**. In consideration for the supervision and care provided to my son/daughter, I agree to accept the risk of this trip and agree not to sue the Rockville Science Center (our sponsor), the Exploring Program or its employees, agents, or volunteers.

I assume responsibility for transportation, housing and food costs associated with the trip. Some funds may be provided by the Exploring Program, based on grants, fund raising, awards, and the number of individuals participating. We will use the Exploring Program funds to pay for team registration.

Furthermore, I hereby give permission to any volunteer, agent, or employee of the Exploring Program to admit my son/daughter to any hospital/medical clinic/medical office for medical treatment in the event of an accident and/or illness. I have included a list below of all medical conditions, allergies, current medications, and all other medical information that may be necessary for the treatment of my son/daughter, as well as insurance information.

Parent/Guardian Signature

Date

Parent/Guardian (Printed Name) _____

Insurance Company _____

Group Policy No. _____

Medical Conditions _____

Current Medications _____

Allergies _____

Additional Information _____
