



Magic Youth International Affiliate to
International Brotherhood of Magicians



FIELD TRIP PARENTAL AUTHORIZATION FORM

Please Print Legibly

Member Name _____ Age _____ Gender: Male Female

Field Trip Destination _____

Field Trip Purpose _____

Trip Departure Date _____ Trip Departure Time _____ AM / PM

Departure Location: _____

Trip Return Date _____ Trip Return Time _____ AM / PM

Return Location: _____

Type of Transportation _____

Responsible Adult/Advisor _____ Cell Phone (____) _____

Parent/Guardian Name _____

Home Phone(____) _____ Work Phone(____) _____ Cell Phone(____) _____

In Case of Emergency - Relative, friend or neighbor's name _____

Relationship _____ Address _____

Phone (____) _____

Family Physician _____ Phone(____) _____

Medical Insurance Company _____ Policy # _____

Does your child have special health problems or disability conditions, which may require individual monitoring or supervision on this field trip? Yes No Specify _____

Allergies: (Please be specific)

Drug _____

Food _____

Insect Sting _____ Other _____

Seizures (Type) _____

Asthma Diabetes ADHD Nightmares Sleepwalks Faints Easily Heart Condition Stomach Aches

Ear Infections Other _____

Is there any reason to limit your child's activity? Yes No

If yes, please explain: _____

Has your child been recently exposed to any communicable diseases? Yes No

If yes, please explain: _____

Please describe any other special medical conditions, information or directions: _____

Is your child currently taking any medication? Yes No (If yes, specify): _____

If your child requires ANY MEDICATION on this field trip, the backside of this form must be completed with parent and physician signatures.

All I.B.M. and M.Y.I. policies and safety protocols will be in effect. Infractions of these policies or misconduct during this trip may result in early termination of the trip and immediate dismissal from the M.Y.I. program. These measures may include the teen being sent home from the field trip at the parent/guardian's expense.

I, the member, have read and understand the above rules and possible disciplinary measures.

Youth Member Signature: _____ **Date:** _____

I, the parent/guardian of the above named M.Y.I. member, have read, understand and approve of the rules. I understand the arrangements and believe that the necessary precautions and plans for the care and supervision of the minors during the trip will be taken. I give permission for him/her to participate on the field trip and will assume full responsibility for any and all medical expenses incurred during the trip.

Parent/Guardian Signature: _____ **Date:** _____