

## **One-Eighty Programs**

17 W. Lockeford St Lodi, Ca 95242 (209) 339-2308

ACTIVITY: Adventure Trek

Signature of Parent/Guardian

WHERE: El Dorado National For WHEN: June 30 <sup>th</sup> – July 3 <sup>rd</sup> 2021 EST. DEPARTURE: 7 am- June 3 EST. RETURN: 5 pm- July 3 <sup>rd</sup> , 20	30th, 2021	Crossing					
NAME OF STUDENT							
AGE	BIRTHDATE						
NAME OF PARENTS OR LEGAL GUARDIANS							
HOME PHONE WO	RK PHONE	CELL PHONE					
ADDRESSSTREET		CITY 0- CTATE	710				
		CITY & STATE	ZIP				
In the event of an emergency, if the above	e people are not av	vailable, please contact:					
NAME	RELATIONSHIP		PHONE				
MY INSURANCE CO	_	POLICY #					
NAME OF INSURED		GROUP #					
Please list any medical conditions we s	hould be aware of	<mark>:_</mark>					
In the case of emergency, I understand the I hereby give One-Eighty Programs and behalf in seeking emergency treatment for treatment to do so, using those measures in advance of any specific diagnosis, treatment and power to render care should provisions of Section 25.8 or the Civil control of the control of the civil cont	anyone acting for Opr my child. I give produced necessary atment or hospital odd it become necessary.	One-Eighty Programs permipermission to those administration. It is understood that this are being required but is gi	ission to act in my stering emergency uthorization is given ven to provide				
I absolve One-Eighty Programs and any acting on my behalf in this regard.	other parties' actio	n for One-Eighty Programs	from liability in				
Should it be necessary for my child/student to return home from this activity due to medical reasons or disciplinary actions the undersigned shall assume all transportation expenses.							

**Date**