

**RED RIVER VALLEY SCHOOL DIVISION**  
**OUT-OF-COUNTRY SCHOOL TRIPS**

This form is to be completed and signed by the parent/legal guardian of all students of the Red River Valley School Division participating in an "Out-of-Country" school trip.

No student will be allowed to participate in an "Out-of-Country" school trip unless this form is completed and returned to the school.

Name of Student \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

"Out-of-Country" Event \_\_\_\_\_

Date of Event \_\_\_\_\_

I, being the parent/legal guardian of the student named above, authorize my child to attend the "Out-of-Country" event mentioned above and assume all responsibility for any medical expenses that may occur while the child is "Out-of-Country".

Please check off one of the following:

\_\_\_\_\_ I have medical insurance through

Name of Insurance Co. \_\_\_\_\_

Policy Number \_\_\_\_\_

Contract Number \_\_\_\_\_

or

\_\_\_\_\_ I do not have medical insurance but will assume all the medical expenses should any occur while on the school trip.

Signature of Parent/Legal Guardian \_\_\_\_\_  
Date \_\_\_\_\_ Date \_\_\_\_\_