



# IJHS



# TRAVEL FORM

Sponsor: \_\_\_\_\_ Phone: 432-639-2512 ext. \_\_\_\_\_ Date: \_\_\_\_\_

Trip To: \_\_\_\_\_ Purpose: \_\_\_\_\_

Leave: \_\_\_\_\_ Arrive: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Activity Begins: \_\_\_\_\_

Meal: \_\_\_\_\_

Approximate Time to Arrive Home: \_\_\_\_\_

Equipment Needed by Student: \_\_\_\_\_

Student Needs to be at the \_\_\_\_\_ by \_\_\_\_\_

## Please Sign and Return

Student's Name: \_\_\_\_\_

I give my permission to contact my physician at this phone number: \_\_\_\_\_

Iraan Clinic: 432-639-2589 Iraan Hospital: 432-639-2575

Parent/Guardian Signature: \_\_\_\_\_

If your son/daughter does not plan on riding the bus home after the event, please sign here: \_\_\_\_\_

**Note: Student must see the sponsor before leaving the event!**

**\*\*\*This form must be signed and returned before a student may leave campus.\*\*\***