



Abby Ciocco. Manager of Student Activities. [ciocco@cityhigh.org](mailto:ciocco@cityhigh.org). 412.690.2489 x155

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**City Charter High School**  
**Juniors: 2025**  
**CLEVELAND**  
**Thursday, May 30, 2024- Friday, May 31, 2024**

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**Completed forms due back to Ms. Ciocco by Friday, April 26, 2024**

**Overnight Travel Form**

All trip participants must complete this form and return it to the group leader or A.L.L. Tours representative. A parent's or guardian's signature is required for persons under the age of 18 in all sections where it is noted.  
*This is a legally binding document.*

**Participant Information**

Participant's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

**Emergency Contact Information**

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: (Cell) \_\_\_\_\_ (Other) \_\_\_\_\_

**Medical Insurance Information**

Name of Health Insurer: \_\_\_\_\_

Agreement Number: \_\_\_\_\_

Group Number: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_

Name of Employer: \_\_\_\_\_



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### **Medical Information**

**All medications must be given to an adult trip supervisor in a clear, sealed and labeled bag.**

Is the participant under the care of a physician? \_\_\_\_\_ If so, why? \_\_\_\_\_

Is the participant currently taking any medication? \_\_\_\_\_ If yes, please list all medication:

Please list all food allergies, restrictions and specialty diets including vegan, vegetarian and gluten-free: \_\_\_\_\_

Is the participant in need of an EpiPen? \_\_\_\_\_

Is the participant in need of an Inhaler? \_\_\_\_\_

Other medical concerns: \_\_\_\_\_

### **Permission To Treat**

I give permission for my child, \_\_\_\_\_, to be given medical treatment, if necessary, during the trip. I authorize an A.L.L. Tours representative and/or group leader to consent to any laboratory or X-ray examinations, anesthetic, medical or surgical treatments and hospital care to be rendered under the supervision of a licensed physician.

I understand that every effort will be made to notify me or the listed emergency contact if treatment is necessary. I understand and agree that in the case of an illness or medical emergency all participants will use their primary insurance for hospital visits, treatment and prescription medication.

### **Waiver, Hold Harmless, and Release**

As a condition of my or my child's participation in this trip and all related activities, I (and my spouse, if applicable) hereby release and hold harmless A.L.L. Tours and the educational institution from any liability for any accident or injury (including but not limited to death) that occurs before, during, or after the trip, and I waive and release all rights, claims, and causes of action that I (and my spouse, if applicable) or my child may have against A.L.L. Tours and its officers, representatives, and employees for any accident or injury that occurs before, during, or after the trip.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_