

# Northern History Tour Agreement

**Return to the office by 09/26/19.**

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

Parent's Name: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Work Phone # Dad: \_\_\_\_\_

Work Phone # Mom: \_\_\_\_\_

Primary Doctor's Name: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_

Special Medical Needs/Allergies/Restrictions: \_\_\_\_\_

\_\_\_\_\_

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PERMISSION IS GIVEN TO PROVIDE MEDICAL ATTENTION (IF NEEDED) TO MY CHILD.

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

Payment amount submitted: \_\_\_\_\_

Option: 1 2 (CIRCLE ONE)

Tax Credit: YES \_\_\_\_\_ NO \_\_\_\_\_

***Please read and sign.***

We must be able to completely trust each student to strictly follow instructions and obey the rules of good behavior. Any student who does not follow all instructions or disobeys the rules will not complete the tour with the group. You will be called to pick up your son/daughter.

I have read this information and agree to be honorable and obedient in all that I do.

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Student Signature

I understand that if my child breaks the rules, I will be required to pick him/her up and bring them home.

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Parent Signature

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Date