

# The Browning School

## Form II Trip to Washington, DC

I give my son, (full name) \_\_\_\_\_

permission to go on the **Form II overnight trip to Washington, DC.**

We will be staying at The Embassy Suites Hotel, 1250 22<sup>nd</sup> Street NW, Washington DC, 20037.  
(202) 857-3388.

The time of departure from Browning will be 8:00 AM on Wednesday, April 23.  
Return to Browning from the trip will be approximately 4:00 PM on April 25.

Parent's Signature \_\_\_\_\_

*Please provide the following information:*

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

Home Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Describe any health-related problems your child has that we should know about.

\_\_\_\_\_  
\_\_\_\_\_

List any foods or medications that your son is allergic to: \_\_\_\_\_

\_\_\_\_\_

List any medications that your son is currently taking: \_\_\_\_\_

\_\_\_\_\_

Do we have your permission to administer non-aspirin pain reliever, if needed? \_\_\_\_\_

Please provide the name of an individual who may be contacted in an emergency, if you cannot be reached:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_