

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

Name of Parent(s) or Guardian(s): \_\_\_\_\_

## **Emergency Contact Information**

Daytime (work) Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

If you will be away from your home any time during the week your son/daughter will be at a Gustavus Summer Academic Program (i.e. a vacation), please list...

When you will be gone: \_\_\_\_\_  
\_\_\_\_\_

Best Phone Number to Contact in Case of Emergency \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship \_\_\_\_\_

## **Transportation With Institute Staff**

Our policy is that enrolled students should never leave the Gustavus campus unless accompanied by an Institute staff member. As part of our enrichment program, staff members will sometimes arrange local trips for students.

Your signature below indicates your permission for your daughter/son to be transported in a fleet vehicle or a private automobile driven by a staff member to restaurants, museums, stores, theaters, parks or other local attractions within an 80 mile radius.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date