

**FIELD TRIP PERMISSION REPORT
AURORA DIVISION - NSCC**

Point of Contact at AURORA DIVISION
LCDR Daniel Wayeshe, NSCC
Cell: 847-431-8968

Please complete and return to AURORA DIVISION STAFF PERSONNEL.

CADET Name: _____ Home Phone: _____

Address: _____
Street City

Location of Field Trip: Illinois Aviation Museum, S, 110 Clow International Pkwy, Bolingbrook, IL 60490.

Date(s) of Field Trip: 21JAN2017

Time Leaving: 1000 Time Returning: 1400-1430

Method of Transportation: Bus _____ Van _____ Other _____ Multiple Vehicles _____

In Case of Emergency, Please Call: _____

Phone: _____ Business Phone: _____

An Alternate contact for Emergency, if above Person cannot be reached:

Name: _____ Phone: _____

Medical Information: (Please indicate any medical problems, such as medication or allergies, which might require emergency treatment while attending this field trip.)

Is the CADET under physician's care? Yes _____ No _____ If yes, explain: _____

Is the CADET on medication? Yes _____ No _____ If yes, explain: _____

Does the CADET have allergies? Yes _____ No _____ If yes, explain: _____

To what foods or medications is the CADET allergic? _____

Other medical information: _____

Family Physician's Name: _____ Phone: _____

Permission is granted for the above named CADET to attend the field trip. I release the AURORA DIVISION NAVAL SEA CADET CORPS from any liability for any injury to my son/daughter while attending this field trip.

Signature of Parent or Guardian: _____ Print: _____

Date: _____