

DELBARTON SCHOOL
DAY OF RECOLLECTION

Delbarton School
230 Mendham Rd.
Morristown, NJ 07960

Location: _____ Date of Trip: _____

Time and Place of Departure: **8:15am from the bus loop**

Estimated Time of Arrival back at Delbarton: **2:35pm**

I, _____ parent or legal guardian of _____
give my permission for him to attend the above trip, and authorize any medical treatment in case of
an emergency. I agree to hold harmless Delbarton School, its employees and agents from any injury
or sickness occurring during this trip.

Medical Information

<i>Emergency Contact:</i>	<i>Insurance Information:</i>
<i>Home Phone:</i> <i>Work Phone:</i>	

Please list any special medical or physical needs or conditions the chaperones should be aware of:

Signature of parent or legal guardian: _____

Date: _____