

DELBARTON SCHOOL
KAIROS RETREAT

Delbarton School ♦ 230 Mendham Road ♦ Morristown, NJ 07960

Location: _____ Date of Trip: _____

Time and Place of Departure: _____

Estimated Time of Return: _____

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: _____