## PARENTAL AUTHORIZATION FORM FOR OVERNIGHT OR OUT OF COUNTRY TRAVEL

TRAVEL TO:			(DESTINATION)
Dates of Travel:		to	
(	date leaving)		(date returning)
	tory School and Ball	State Univer	permission to travel on an educational sity. We give the Burris Laboratory edical treatment for our child if it should
chaperons during the ab	bove activity. Howeviversity, Teachers Co	ver, in the eve ollege, Burris	ne faculty member(s) and parent ent of an accident, I agree to hold Laboratory School, and Ball State nt.
Printed Name:			
Address:			
Felephone:			
Relationship to student	:		
Date:			
DO NOT SIGN BELO	OW UNTIL YOU A	RE IN THE	PRESENCE OF A NOTARY.
Signature:			
Required Notarization	n (All space below i	s reserved fo	r notary.)
State of Indiana County of		_	
Before me the undersig personally appeared execution of this instru	ned, a Notary Public ment this	c for	County, State of Indiana, and acknowledged the, 20
Seal	Signature	Notary Publ	ic