

The Polar Express

BELIEVE



Child's name _____ Age _____ Grade _____

Allergies or Conditions we should know about: _____

Name & Number of Person to Contact, if emergency: _____

In case of emergency, I understand that efforts will be made to reach the contact number I have given. If no one can be reached, my child has permission to be seen by a doctor or hospital, if necessary.

Bluffton Schools, BHS Travel Group, and individual helpers are NOT liable if my child has an accident.

Parent Signature _____

**ADMIT
ONE**