

**Please provide the following information:**

My son/daughter is covered by insurance as follows: *(Insurance required for out-of-state and overnight trips, contact your sponsor if you need to purchase a school-activity-only policy).*

Name of Insurance Company:	aetna
Insurance Policy #:	w267444928
My student <u>is not covered</u> by Insurance	

In case of emergency, notify:		Justin Baumgartner	
Phone #	480-381-1902	Relationship to student	father
Doctor/Hospital		Phone #:	

Will your student require medications or medical procedures during the field trip? YES ~~NO~~  
 If yes, please describe:

If my son/daughter requires emergency service involving medical action or treatment, and if neither the parent(s) nor the family physician can be contacted for consent, then I, as parent or guardian of devi baumgartner, hereby give consent to the rendering of such emergency medical service for my son/daughter as shall be necessary in the medical opinion of the doctor rendering such service.

I have read and completed all the above information; my signature verifies my agreement to all the above statements.

Parent/Guardian Name: Justin Baumgartner

DocuSigned by:

Signed: Justin Baumgartner

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Date: 8/21/2025

Parent/Guardian Phone #(s): 480-381-1902

**This form must be returned to the sponsor at least five (5) days before the date of the activity.**

Itinerary for 8/21/25

7:45-8:30 AM – Drive from CBHS to Mesquite High School

8:30-1:45 PM – Conference programming at Mesquite High School

1:45-2:30 PM – Drive from Mesquite High School to CBHS