

Student Travel Protection Agreement

Date: _____

To: [Parent/Guardian Name]

[Parent/Guardian Address]

[City, State, Zip Code]

Dear [Parent/Guardian Name],

We are pleased to inform you that your child, [Student Name], is eligible to participate in the upcoming school trip to [Destination] scheduled for [Trip Dates]. As part of our commitment to ensuring student safety, we have established a Travel Protection Agreement.

Travel Protection Agreement Terms:

1. The school will provide medical coverage for any injuries or illnesses incurred during the trip.
2. In the event of trip cancellation due to unforeseen circumstances, the school will assist with refund processes.
3. All students must adhere to school policies related to conduct and safety while traveling.
4. This agreement must be signed by the parent/guardian to ensure understanding and acceptance of the terms outlined.

Please review the terms outlined above. If you agree to these conditions, please sign and return this agreement by [Return Date].

Signature:

[Parent/Guardian Name]

Date: _____

Thank you for your cooperation and support.

Sincerely,

[Your Name]

[Your Position]

[School Name]

[School Contact Information]