

TEMPE UNION HIGH SCHOOL DISTRICT
STUDENT TRAVEL
PARENT/GUARDIAN PERMISSION FORM

School _____ Date _____

To Parents/Guardians: On _____ the _____
(Date/Season) (Class, Grade or Group)
is planning student travel/activity to _____ the purpose of the travel/activity is _____
(Site) (Primary Objective)

We will be leaving school at _____ and returning by _____
(Date & Time) (Date & Time)

Transportation provided by: _____
School Bus or Van, Walking, Other (if other see attached)

Please return this Permission Form to the school no later than _____
(Date)

(School Contact) (Phone Number)

PARENT/GUARDIAN PERMISSION

My signature below indicates my permission for my child _____ to participate in the student travel/activity described above.
(Please Print First and Last Name of Child)

My signature also indicates that I have read and approve the medical treatment authorization.

MEDICAL TREATMENT AUTHORIZATION

In the event of illness or injury occurring to my student while on this travel/activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services.

I further acknowledge that I am financially responsible for any medical, dental, ambulance or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury. I also acknowledge that I may obtain accident insurance through the school if I do not currently have family medical insurance.

I understand that, in the even of other that minor illness or injury, responsible effort will be made to contact me.

SIGNATURE - Parent or Guardian Home Phone: _____ Hours: _____
Work Phone: _____ Hours: _____
Cell Phone: _____ Hours: _____
Date: _____

Please PRINT Name of Parent or Guardian

STUDENT DRIVING/RIDING IN PRIVATE VEHICLE

A. When District transportation is not provided for student travel, Administrative Approval permits students to drive or ride in private vehicles arranged for by school employees to and/or from school related activities, if the student's parent/guardian gives written permission.

I give my permission for my student to drive or ride in a private vehicle arranged for by a school employee to and/or from the activity described above.

B. When District transportation is provided or private vehicle is arranged for by a school employee, The parent/guardian may instead drive the student or allow the student to drive. Where transportation is provided by a student or an adult in lieu of transportation provided for or arranged by the district, the district has no responsibility for the conduct of the driver/vehicle and no responsibility for ensuring that the driver of the vehicle has proper license and insurance.

1. I will drive my student and _____ to and from the above activity.
Name(s) of Riding Student(s) (If applicable)

2. I give my permission for my student to drive a private vehicle to and from the above activity.

FAILURE TO GIVE PERMISSION RESTRICTS THE STUDENT TO TRANSPORTATION PROVIDED FOR OR ARRANGED BY THE SCHOOL.

SIGNATURE - PARENT OR GUARDIAN Home Phone: _____ Hours: _____
Work Phone: _____ Hours: _____
Cell Phone: _____ Hours: _____
Date: _____ Hours: _____

PLEASE PRINT NAME OF PARENT OR GUARDIAN