

## Parental Authorization for District-Related Travel for Field Trips, Excursions and Outdoor Education

School \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_ is a member of a class or organization which  
STUDENT  
plans to travel as part of activities or instruction in \_\_\_\_\_.

The trip is to \_\_\_\_\_ and is planned  
PLACE

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
DATE TIME OF DEPARTURE TIME OF RETURN

### TRANSPORTATION WILL BE BY:

- BUS – The school district assumes no liability beyond that of reasonable caution and care in conducting this trip.
- SCHOOL VAN – The school district assumes no liability beyond that of reasonable caution and care in conducting this trip.
- WALKING – students walk to the location.
- Student/parent/guardian provides own transportation

### CHAPERONES WILL BE PROVIDED BY:

- District-employed chaperone(s)
- Event host provided chaperone(s) – See attached letter from district-approved sponsoring organization. One district chaperone will be on the bus/van to transport and transfer student(s) to the event host-sponsored trip. The district chaperone will pick up and return the student to the district.

Chaperones will be provided a copy of this form.

If you give permission for your son/daughter to make the trip, please sign in the space below and return to the school.

COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*Teacher's Signature*

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*Principal's Signature*

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I hereby give my permission for \_\_\_\_\_ to make the trip described above.

STUDENT

I also authorize emergency medical care for him/her in the event of illness or injury during this trip.

District chaperones may not be familiar with your child's medical needs. Please be specific and report any medications your child will need during this event. You may be required to complete additional paperwork when district-approved event sponsored chaperones are required/provided (please see attached event sponsored form.)

Medical Restrictions: \_\_\_\_\_  
\_\_\_\_\_

Medicines or medical care needed during the event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Home Phone

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Alternative Phone

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Parent Signature

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Date of Signature