

**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 event 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 (Only C applies to out-of-state travel)**

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.

C. **When District transportation is not provided for student travel, Administrative Approval permits student to ride with their parents in private vehicles to and/or from school related activities, if the student's parent/guardian gives written permission.**

**My student will ride with me to and/or from the activity described above.**

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: \_\_\_\_\_

PLEASE PRINT NAME OF PARENT OR GUARDIAN

12/14/06