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

School			Date
To Parents/Gu		the	
is planning stu	(Date/Season) dent travel/activity to	(Class, Grade or Group) the purpose of the travel/activity is	
	(Site)		(Primary Objective)
	(Date & Time)	and returning by (Date & Time)	
Transportation	n provided by:School Bus or Van.Walkir	ng,Other (if other see attached)	
Diago roturn t	his Permission Form to the school no later than		
r icasc return t	This i chillission i office the school no later than	(Date)	
_	(School Contact)	(Phone Number)	
		PARENT/GUARDIAN PERMISSION	
My signature b	elow indicates my permission for my child(Please Prir	to participate in the student trist and Last Name of Child)	travel/activity described above.
	,	,	
Mv signature a	lso indicates that I have read and approve the medical tre	atment authorization.	
, , ,		MEDICAL TREATMENT AUTHORIZATION	
provider or der		el/activity, I hereby give my consent for medical or dental care deemedures (medical, dental or surgical), anesthesia, or diagnostic proceding such services.	
I further acknow	wledge that I am financially responsible for any medical, d	ental, ambulance or other health care expenses or transportation of	mv child home, which might occur as a resul
		nsurance through the school if I do not currently have family medical	
I understand th	nat, in the event of other that minor illness or injury, respor	sible effort will be made to contact me.	
		Home Phone:	Hours:
SIGNATURE – Parent or Guardian		Work Phone: Cell Phone:	Hours:
		Date:	
Please PRINT	Name of Parent or Guardian		
	STUDENT DRIVING / R	IDING IN PRIVATE VEHICLE (Only C applies to out-of-state trav	vel)
A.		nt travel, Administrative Approval permits students to drive or ride in the student's parent/guardian gives written permission.	private vehicles arranged for by school
	☐ I give my permission for my student to drive or r	ide in a private vehicle arranged for by a school employee to and/or	from the activity described above.
В.	When <u>District transportation is provided or private vehicle is arranged for by a school employee</u> , 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.
2.	Name(s) of Riding Student(s) (If applicable) rivate vehicle to and from the above activity.	·
C.		udent travel, Administrative Approval permits student to ride w	vith their parents in private vehicles
	My student will ride with me to and/or from t		
FAILURE TO (GIVE PERMISSION RESTRICTS THE STUDENT TO TRA	ANSPORTATION PROVIDED FOR OR ARRANGED BY THE SCHO	OOL.
		Home Phone:	Hours:
SIGNATURE -	- PARENT OR GUARDIAN	Work Phone: Cell Phone:	Hours:
		Date:	Hours:
PLEASE PRIN	T NAME OF PARENT OR GUARDIAN		12/14/06