



**AUTHORIZATION FOR SCHOOL-SPONSORED TRIPS**

\_\_\_\_\_ (Child's Name) has my permission to attend a field trip

To: \_\_\_\_\_ which will take place on \_\_\_\_\_

Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Time: \_\_\_\_\_

Class or group attending: \_\_\_\_\_ School Site: \_\_\_\_\_

Teachers/Leaders are: \_\_\_\_\_

Method of Transportation: \_\_\_\_\_

If traveling by personally owned vehicle, name of staff/leader member: \_\_\_\_\_

\_\_\_\_\_ I understand that all students going on this trip will be responsible for their conduct directly to the Bus/Vehicle driver, teachers and/or adults on the trip. It is further understood that students will travel to and return from the event on the transportation provided by the school district and that every reasonable caution will be maintained on the trip.

In the event of an accident or other emergency when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstance, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. The under-signed parent/guardian fully understands he/she is responsible to pay all costs incurred as a result of the foregoing.

Family Physician: \_\_\_\_\_ Physician's phone number: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Medical Policy Number: \_\_\_\_\_

Existing medical conditions: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Day Phone Number (Where Parent/Guardian can be reached): \_\_\_\_\_

(This form will be kept on file for at least one year after the trip)

All persons making a field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion Ed. Code Section 35330.

**DO NOT COMPLETE THIS SECTION UNLESS  
YOUR CHILD WILL NOT BE RIDING THE BUS**

It is understood that when district transportation is provided for students traveling on study trips, athletic trips, band/choir trips or any other excursions other than routine home-to-school transportation, students may be released from using district transportation only with the advance written permission of their parent/guardian. Furthermore, the request must be approved in writing prior to the trip by the site principal or his/her designee (district-employed administrator). The student may only be released to his/her parent/guardian for alternative transportation.

REQUEST: I, the parent/guardian of \_\_\_\_\_, request permission to  
(Print name of student)

provide the transportation (Check One): \_\_\_ TO \_\_\_ FROM \_\_\_ TO AND FROM this event.

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_