SINGLE FIELD TRIP PARENT/LEGAL GUARDIAN AUTHORIZATION FORM ELEMENTARY - MIDDLE

Student Name;	
School Bus Charter Bus Maximum capacity is o	the type of transportation identified below for this field trip: _ Rental Vehicle Private Vehicle Walk one (1) person per seat belt. ers/mopeds permitted as transportation
authorize my student to:	Ride with Staff Ride with Another Student
Field Trip Destination:	ike A Child To Work Day
	tpril 24, 2025
Return Date/Time: $oldsymbol{A}$	pril 25, 2025
Number of Chaperones:	· ·
	ght room assignments are separated by biological sex at birth.
(Pa	rent or Guadian Completes this Section)
In case of an emergency, I ma Name:	EMERGENCY CONTACT by be reached at: Telephone:
	relephone.
In the event I cannot be reach Name:	ed, please contact:Telephone:
My student is covered by twen	HELATH/ACCIDENT INSURANCE ty-four (24) hour student accident insurance or family insurance.
Policy Number: my insurance identification ca	and/orI have attached a photocopy of rd.
I do not have insurance.	I will pay any and all medical bills for emergency care of my
	ADDITIONAL INFORMATION
and/or other related records to	ational records for travel including but not limited to passport, visas of be disclosed to third party vendors. I further authorize the third-records intended for the purposes of travel Yes No
	Signature of Parent or Gurdian Date
	TOTAL OF CONTROL OF CONTROL CO

SINGLE FIELD TRIP PARENT/LEGAL GUARDIAN AUTHORIZATION FORM HIGH SCHOOL – MAGNET PROGRAM – CENTER

Student Name: Telephone:
I authorize my student to utilize the type of transportation identified below for this field trip: School Bus Charter Bus Rental Vehicle Private Vehicle Walk Maximum capacity is one (1) person per seat belt. No motorcycles/scooters/mopeds permitted as transportation
l authorize my student to: Ride with Staff Ride with Another Student
I authorize my student to: Drive Own Car Drive Family Car I authorize my student to drive own/family care and carry passengers including students. Initial
Field Trip Destination: Take A Child To Work Day
Departure Date/Time: April 24, 2025
Return Date/Time: April 25, 2025
Number of Chaperones:
If applicable, indicate if overnight room assignments are separated by biological sex at birth. Yes No
(Parent or Guadian Completes this Section)
EMERGENCY CONTACT
In case of an emergency, I may be reached at: Name: Telephone:
In the event I cannot be reached, please contact: Name:Telephone:
HELATH/ACCIDENT INSURANCE My student is covered by twenty-four (24) hour student accident insurance or family insurance. Insurance Company:
Policy Number: and/or I have attached a photocopy of my insurance identification card.
I do not have insurance I will pay any and all medical bills for emergency care of my student.
ADDITIONAL INFORMATION If applicable, I authorize educational records for travel including but not limited to passport, visas and/or other related records to be disclosed to third party vendors. I further authorize the third-party vendor to redisclose any records intended for the purposes of travel Yes No
Signature of Parent or Gurdian Date