

**SINGLE FIELD TRIP PARENT/LEGAL GUARDIAN AUTHORIZATION FORM
ELEMENTARY – MIDDLE**

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

I authorize my student to: ___ Ride with Staff ___ Ride with Another Student

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 Guardian 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: _____

HEALTH/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 Guardian

Date

**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

I 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 Guardian 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: _____

HEALTH/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.

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Signature of Parent or Guardian

Date