

MESA PUBLIC SCHOOLS STUDENT TRAVEL - SECONDARY DIVISION  
PARENT/GUARDIAN PERMISSION FORM

School \_\_\_\_\_ Date: \_\_\_\_\_

On \_\_\_\_\_ the \_\_\_\_\_ is planning student travel/activity to  
(Day of Week/Date) (Class, Grade or Group)  
\_\_\_\_\_. The purpose of the travel/activity is \_\_\_\_\_  
(Site) (Primary Objective)

We will be leaving school at \_\_\_\_\_ and returning by \_\_\_\_\_. Transportation  
(Time/Date) (Time/Date)  
will be provided by \_\_\_\_\_. Other details (if applicable): \_\_\_\_\_  
School Bus or Van, Walking, Other (if "Other," see attached)

Please return this permission form to the school no later than \_\_\_\_\_  
(Date)

\_\_\_\_\_  
(School Contact) (School Phone Number) (Emergency Contact Number for Day of Travel)

PARENT/GUARDIAN PERMISSION

My signature below indicates my permission for my child, \_\_\_\_\_, to participate in the student travel/activity described above.  
(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 child 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 nurse if I do not currently have family medical insurance. I understand that, in the event of other than minor illness or injury, reasonable effort will be made to contact me.

\_\_\_\_\_  
Please PRINT name of Parent or Guardian

Home Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

SIGNATURE - Parent or Guardian

Date: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

STUDENT DRIVING/RIDING IN PRIVATE VEHICLE

A. When District transportation is not provided for student travel, District Policy IICA permits students to drive or ride in private vehicles arranged for by a school employee 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, allow the student to drive, or allow the student to drive another student or to ride with another student if permission is indicated below. *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.*

I will drive my student and \_\_\_\_\_ to and from the above activity.  
(Name(s) of Riding Student(s), if applicable)

I give my permission for my student to drive a private vehicle to and from the above activity.

I give my permission for \_\_\_\_\_ to ride with my student to and from the above activity.  
(Name(s) of Riding Student(s))

I give my permission for \_\_\_\_\_ to ride with \_\_\_\_\_  
(Riding Student's Name) (Driver's Name)  
to and from the above named activity.

**FAILURE TO GIVE PERMISSION RESTRICTS THE STUDENT TO TRANSPORTATION PROVIDED FOR OR ARRANGED BY THE SCHOOL.**

\_\_\_\_\_  
SIGNATURE - Parent or Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Please PRINT name of Parent or Guardian