



Scottsdale Unified School District

Parent or Guardian Permission for School Trip Fee Less Than \$15.00

Student Name and I.D. #: _____ School: _____

Sponsor will file a copy of this permission form with the Principal's office at least 1 day before trip.

This permission form has been signed only after understanding and considering the following:

1. TRIP INFORMATION:

- a. Class that has arranged the trip: _____
- b. Date of the trip: _____
- c. Location/destination of the trip: _____
- d. Time leaving school: _____ A.M. _____ P.M.
- e. Time returning: _____ A.M. _____ P.M.
- f. Trip Supervisor(s): _____
- g. Means of transportation: _____
- h. Fee: \$ _____

2. EXPECTATIONS AND INSTRUCTIONS: I understand that the student is expected and the student has been instructed by me:

- a. To follow instructions given by the Trip Supervisor(s).
- b. Not leave or separate from the group without appropriate authorization from the Trip Supervisor(s).
- c. To follow all school rules during the trip and obey all laws and ordinances.
- d. To conform to usual and customary standards of good citizenship, good decorum, and common courtesy.
- e. Other expectations/instructions: _____

In the event that any of the above expectations or instructions are violated, the student's participation may be immediately terminated, a parent or guardian called to retrieve the student, and disciplinary action imposed.

3. ACCOMMODATIONS: If the student is disabled or requires special accommodations, those accommodations are attached.

4. PERTINENT MEDICAL INFORMATION: Please advise of any medical condition the teacher may need to be aware of, i.e. allergies, medications, etc.: _____

Please list the names of two parents and/or guardians that may be contacted.

Parent/Guardian #1 – Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____
Parent/Guardian #2 – Name: _____ Home Phone: _____ Work Phone: _____ Cell Phone: _____

5. CONSENT FOR EMERGENCY MEDICAL TREATMENT: If any emergency procedures or treatment are required during the trip, I consent to the Trip Supervisor(s) taking, arranging for, and consenting to the procedures or treatment in the Supervisor's discretion.

Parent/Guardian's Signature: _____ Date: _____