

2002-AR (Field Trips) Field Trip Private Transportation Authorization

WALLED LAKE CONSOLIDATED SCHOOL DISTRICT  
FIELD TRIP PRIVATE TRANSPORTATION AUTHORIZATION

Our school, \_\_\_\_\_, is planning a trip to \_\_\_\_\_  
on \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ that requires transportation in privately  
owned vehicles. Please return this completed form to the school supervisor by \_\_\_\_\_.  
Date Time Time Date

Students will NOT be allowed to participate in this field trip without written guardian consent.

Check all that apply:

\_\_\_\_ 1. I would like to **volunteer as a driver** for this event. I am aware and informed of my responsibilities as a volunteer driver. I have a valid driver’s license, insurance and registration and I will maintain a smoke free environment for our students. I am able to provide \_\_\_\_\_ seatbelts.

\_\_\_\_ 2. I authorize my child, \_\_\_\_\_, to be transported by an **authorized volunteer driver** as I am not able to provide transportation for this event. *All drivers must complete the District background check process.*

\_\_\_\_ 3. I authorize my child, \_\_\_\_\_, to drive **his/her self only** to this event. I verify that my child has a valid driver’s license, insurance and registration. *All drivers must complete the District background check process.*

\_\_\_\_ 4. I authorize my child, \_\_\_\_\_, to drive **his/her self and others** to this event. I verify that my child has a valid driver’s license, insurance and registration and will maintain a smoke free environment for other students. My child is able to provide \_\_\_\_\_ seatbelts.

\_\_\_\_ 5. I do not want my child, \_\_\_\_\_, to participate in this event. Please plan an alternate learning experience for my child on the day of the trip.

I release the Walled Lake Consolidated Schools and its Board members, administrators, teachers, employees and agents (“released parties”) from any and all claims whatsoever arising from or relating to my participation or my child(s)’s participation in this event (“released claims”). I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements and/or judgments.

\_\_\_\_\_  
Student Name (Printed)

\_\_\_\_\_  
Supervisor/Principal Name

\_\_\_\_\_  
Guardian Name (Printed)

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Daytime Phone

*All drivers must complete the District background check process.*