

**Non-School Sponsored
STUDENT TRAVEL AUTHORIZATION**

I, the undersigned parent or legal guardian of _____,
(Child's Name)

grant permission for my child or ward to travel to _____
(Location)

sponsored by _____.
(Name of Sponsor/ Group)

I understand the students are scheduled to depart on _____ and are
(Month/Day/Year)
scheduled to return on _____.
(Month/Day/Year)

I understand, acknowledge and agree that:

The Fargo Public Schools District assumes no responsibility for any of the activities with respect to this non-school sponsored trip. It is my responsibility to ensure that my child has the appropriate insurance coverage for both accidents and/or illness that might occur on this trip. The District does not provide coverage for accident or any type of health insurance to provide coverage for my child while on this trip.

In addition, the District does not assume any responsibility for any negligent acts of the people in charge of this trip, nor the actions of any of the students or others that might cause any injuries to my child.

Date

Signature of Parent or Legal Guardian

Please print name on this line