

**STUDENT TRAVEL AUTHORIZATION**  
**Fargo Public Schools**

I, the undersigned parent or legal guardian of \_\_\_\_\_,  
grant permission for my child or ward to travel to \_\_\_\_\_  
sponsored by \_\_\_\_\_.  
(Name of School or School Group)

I understand the students are scheduled to depart from school at \_\_\_\_\_ a.m/p.m.,  
on \_\_\_\_\_ and are scheduled to return at \_\_\_\_\_ a.m./p.m.  
(Month/Day/Year)

on \_\_\_\_\_.  
(Month/Day/Year)

I understand, acknowledge and agree that:  
The Fargo Public School District will provide for reasonable supervision of students within its care and control. The supervision will be consistent with the ages of the students.

While the District has taken appropriate action to ensure that this activity is conducted in reasonably safe conditions, there are certain risks inherent in travel and at the destination. Fargo Public Schools does not carry coverage for student accident insurance. I understand that if my child should be injured, I will be responsible for medical expenses. I further understand that an employee or volunteer has no personal liability unless he or she has acted recklessly, or intentionally to injure my child.

\* Please list any health concerns you feel we should be aware of:  
\_\_\_\_\_

\* If your child needs special medical supplies, i.e., an inhaler, diabetic equipment or an Epi-pen, IT IS THE PARENT’S RESPONSIBILITY to send this equipment with their child.  
Medical supplies sent with student: \_\_\_\_\_

Knowing the dangers, hazards, and risks of such activities, and in consideration of being permitted to participate in the Activity, I agree to assume all the risks and responsibilities surrounding my child’s participation in the Activity and transportation to and from the activity.

I understand and agree that the District may not have medical personnel available at the location of the activity. I understand and agree that District is granted permission to authorize emergency medical treatment, if necessary. I understand and agree that District assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please print name on this line

\_\_\_\_\_  
Emergency Contact Number