SINGLE FIELD TRIP PARENT/LEGAL GUARDIAN AUTHORIZATION FORM
HIGH SCHOOL – MAGNET PROGRAM – CENTER

Student Name: _____ Telephone: _____ OB#: _____

I authorize my student to utilize the type of transportation identified below for this field trip:
School Bus ___ Charter Bus ___ Rental Vehicle ___ Private Vehicle ___ Walk ___

- Maximum capacity is one (1) person per seat belt.
- No motorcycles/scooters/mopeds permitted as transportation

I authorize my student to: _____Ride with Staff _____Ride with Another Student

I authorize my student to: _____Drive Own Car _____Drive Family Car
I authorize my student to drive own/family car and carry passengers including students. Initial _____

Nature of Field Trip: Take Your Child to Work Day

Field Trip Destination: _____

Departure Date/Time: April 23, 2026

Return Date/Time: _____

Number of Chaperones: N/A

If applicable, indicate if overnight room assignments are separated by biological sex at birth.
_____Yes _____No

(Parent or Guardian Completes this Section)

EMERGENCY CONTACT

In case of an emergency, I may be reached at:
Name: _____Telephone: _____

In the event I cannot be reached, please contact:
Name: _____Telephone: _____

HELATH/ACCIDENT INSURANCE

My student is covered by twenty-four (24) hour student accident insurance or family insurance.
Insurance Company: _____

Policy Number: _____and/or _____I have attached a photocopy of my insurance identification card.

_____I do not have insurance. _____I will pay any and all medical bills for emergency care of my student.

ADDITIONAL INFORMATION

If applicable, I authorize educational records for travel including but not limited to passport, visas and/or other related records to be disclosed to third party vendors. I further authorize the third-party vendor to re-disclose any records intended for the purposes of travel. ___Yes ___No

_____ _____
Signature of Parent or Guardian *Date*