

Annual Field Trip Authorization Form
School Year _____

Centers

Student Name _____ Telephone _____

I authorize my child to utilize the type of transportation identified below for this field trip.

1. School Bus ___ Charter Bus ___ Walk ___ Private Vehicle ___
Ride with another parent ___ Ride with staff ___

2. Field trip destination:
Departure date/time _____
Return date/time _____

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

EMERGENCY CONTACT

In case of emergency, I may be reached at: _____ Telephone _____

In the event I cannot be reached, please contact:
Name of Establishment/Person _____ Telephone _____

HEALTH/ACCIDENT INSURANCE

My child is covered by twenty-four (24) hour student accident insurance or family insurance:

Insurance Company _____
Policy Number(2) _____/or I've attached a photo copy of my family insurance identification card.

___ I do not have insurance, however, I will pay any and all medical bills for emergency care of my child.

I authorize my student to participate in all of the school sponsored field trips for the _____ school year.

Signature of Parent/Guardian