

Students Home High School: _____



PARENT / GUARDIAN PERMISSION FORM

For Field Trip, School-Sponsored Activity, or Community Event

Prior to the field trip or use of private vehicle, complete all applicable parts and return to teacher.

Student's Name: _____ Program: _____
Campus Location: _____ Teacher: _____ Trip Contact: _____
Date: _____ Time leaving: _____ Time returning: _____
Title of Event: _____
Description of Event: _____
Field Trip Destination: _____
Address: _____

At this public performance or community event alcohol may be served to the adult patrons, excluding Pima JTED employees.

◆ Bus Fee: _____ ◆ Student Fee: _____ ◆ Sack Lunch (Disposable) Yes No
(Amount/None) (Amount/None)

Transportation will be provided by: School District Bus Private Vehicle - Parent Driving District/Private Vehicle - Staff Driving Rental/Charter Bus Commercial Airline, Walking Private Vehicle - Student Driving (self **only**)

Student Medication / Health Alert (Confidential)

In case of a serious medical emergency, 911 will be called to evaluate your student. Please provide a phone number where someone can be reached during this field trip. (_____) _____

My student has a specific issue / condition that needs to be reported for safety. (Describe)

Yes No My student will bring "over the counter" or prescription medication on this field trip, **other** than what the student normally takes during the school day. **All medication must be labeled in the original container** with the student's name on it. Any medication not authorized by your physician cannot and will not be administered.

If YES: I have completed the form "Authorization for Medication" and had it reviewed, signed, and returned by the prescribing physician.

I need a blank "Authorization for Medication" form.

Life Threatening Condition: Yes No (e.g., severe bee / food allergies, severe asthma, severe seizures, diabetes, etc.)

If YES, please indicate: _____
(School will attach Emergency Plan)

I understand that the district's liability coverage only applies to injury if negligence is proved against the district, and if the terms and conditions of the contractual liability coverage provided in favor of the district have been met. In all other circumstances, the student should seek coverage from his/her own health care insurer.

Note: Any student who does not return a signed Parent / Guardian Permission Form granting permission to attend the field trip, will not be allowed to participate.

My signature below indicates my student is hereby granted permission to attend the field trip described above.

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent / Guardian Signature: _____ Date: _____

I can drive on the above-mentioned field trip. I have _____ seats with seatbelts available.

ACADEMIC RELEASE FORM FOR STUDENTS IF APPLICABLE:

If you are participating in a JTED field trip/event during you home school hours each student **MUST** complete the attached Academic Eligibility Form.

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ACADEMIC RELEASE FORM

Student is responsible for obtaining teachers' signature in the classes that will be missed due to a Pima JTED field trip/event. If a student is academically eligible, ineligible or is in jeopardy of failing your class, please comment.

Teacher Confirmation Per 1 _____

Teacher Confirmation Per 2 _____

Teacher Confirmation Per 3 _____

Teacher Confirmation Per 4 _____

Teacher Confirmation Per 5 _____

Teacher Confirmation Per 6 _____

Teacher Confirmation Per 7 _____

Teacher Confirmation Per 8 _____

Teacher Confirmation Per 9 _____

Attendance Clerk Signature: _____
(Leave a copy of this form with the attendance clerk)