



Class Trip Parental/Guardian Authorization (Sample Form)

Dear Teacher/Organizer,

- Please Note - please feel free to edit and amend this document for your purposes.
- We have it in google docs and word format for you.
- We highlighted the areas you may wish to amend/edit
- You can remove the logo above and footer information too
- If you need any assistance with this, email or call us anytime - 855-446-8687

Our school is currently planning trip to : _____

The approximate cost of the trip per student will be

\$ _____

The group will travel by

Motor coach Air

Travel dates

From: _____

To: _____

Teacher/chaperone ratio(edit according to school policy) **1 for each 8 to 12 students**

Other details

- The approximate cost of the trip will be determined by the number of participating students.
- Limited spaces will be available
- Space will be based on first come first serve and also academic and behavioral considerations will determine if the student is eligible.



Parental / Guardian Travel Authorization

| | |
|---|-------------|
| I/We _____ (<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Guardian) | |
| authorize (name of student) _____ to participate in the class trip indicated above. | |
| Does the student have any special health problems (dietary restrictions, food allergies or other minor ailments too) or handicapping conditions which will require special attention or supervision on this class trip? | |
| ✓ Yes _____ No _____ | |
| IF Yes : <input type="checkbox"/> Medical <input type="checkbox"/> Nutritional <input type="checkbox"/> Both - Please fill out the details on the last page | |
| Once the trip is approved and confirmed we will get more information if you answered yes in order to prepare for the trip. | |
| We understand that the necessary arrangements, plans, and precautions will be taken for the care and supervision of the student during the trip. | |
| ✓ Yes _____ No _____ | |
| ✓ | |
| Signature of Parent(s) or Guardian(s) | Date |

Student engagement

| | |
|---|-------------|
| I am aware that when I am on a school sponsored trip, I am under the jurisdiction and supervision of the school employed sponsors/chaperones and that my behavior must conform to the <i>Code of Student Conduct</i> , the school's Student Handbook, and reasonable instructions from chaperones. I understand I will be subject to appropriate disciplinary action for violations of these rules and regulations. | |
| ✓ | |
| Student signature | Date |



Child Name: _____ DOB : _____

Parent or Guardian Name : _____

| | |
|---|---|
| Medical / Health Issue(s) Additional notes | |
| Dietary restrictions issue(s) Additional notes | |
| Other notes | |
| | <p>Attach:</p> <ul style="list-style-type: none">• Any prescription drug or other instructions to this document.• Any Primary Care physician information• Insurance information (if applicable)• Other pertinent information |



Parental Consent for Medical Treatment

In the unlikely case a child should get hurt or injured during the trip. This release gives us permission to take your child to the nearest available medical facility and have the medical attention deemed necessary administered. This release is necessary as many hospitals will not administer any medical attention to a minor without some form of parental consent.

I/We _____

(Parent(s) Guardian(s))

authorize (name of student) _____ to participate in the class trip indicated above.

I/we do hereby recognize that the organizer(s), employees, directors, and agents (or other)

will not be held liable for any unforeseen and/or unforeseeable accidents or injuries that may occur during the course of the trip.

I/we, release the organizers, employees, directors, and agents (or other) from any liability for personal injury due to willful disregard on the part of my child to follow safety rules and instructions set out for this trip.

In case of emergency, I/we, understand every effort will be made to contact me/us. In the case I/we cannot be reached I/we hereby give permission to act on my/our behalf in seeking emergency treatment for my child in the event such treatment is deemed necessary.

I/we do hereby give permission to those attending to my child to administer treatment as seen fit using measures deemed necessary.

I/we absolve the organizers, employees, directors, and agents (or other) from liability in acting on my behalf in this regard.

Signature of Parent(s) or Guardian(s) :

1.

Date:

2.

Date:



Power of Attorney / Affidavit of Sole Custody / Parental Consent for Unaccompanied Minor

Affidavit of Other Parental Consent

| |
|---|
| I, the undersigned, |
| Do hereby authorize : |
| (<input type="checkbox"/> Teacher, <input type="checkbox"/> parent, <input type="checkbox"/> other, name) |
| To travel with our (child/children) : |
| Parent or guardian signature: |
| Date and location : |
| Notary Public : |
| County: |
| Stamp (if required) |