



**Scottsdale Unified School District
Parent or Guardian permission for School Trip (Fee Over \$15)**

Student Name and ID: _____ School: Desert Mountain High School

Sponsor will file a copy of this permission form with the Principal’s office at least 1 day before trip.

This permission form has been signed only after understanding and considering the following:

1. TRIP INFORMATION:

- a. Class that has arranged the trip: **Varsity Football**
- b. Date of the trip: **6/16/18**
- c. Location/destination of the trip: **Northern Arizona University, Flagstaff, AZ**
- d. Start: **5:30am**
- e. End: **9:00pm**
- f. Trip Supervisor(s): **David Sedmak**
- g. Means of transportation: **Charter Bus**
- h. Fee: **N/A**

2. EXPECTATIONS AND INSTRUCTIONS: I understand that the student is expected and the student has been instructed by me:

- a. To follow instructions given by the Trip Supervisor(s).
- b. Not leave or separate from the group without appropriate authorization from the Trip Supervisor(s).
- c. To follow all school rules during the trip and obey all laws and ordinances.
- d. To conform to usual and customary standards of good citizenship, good decorum, and common courtesy.
- e. Other expectations/instructions:

In the event that any of the above expectations or instructions are violated, the student’s participation may be immediately terminated, a parent or guardian called to retrieve the student, and disciplinary action imposed.

3. ACCOMMODATIONS: If the student is disabled or requires special accommodations, those accommodations are attached.

4. PERTINENT MEDICAL INFORMATION: Please advise of any medical condition the supervisor(s) may need to be aware of, i.e., allergies, medications, etc. _____

Please list the names of two parents and/or guardians that may be contacted

Parent/Guardian #1 Name _____ (h) _____ (w) _____ (c) _____

Parent/Guardian #2 Name _____ (h) _____ (w) _____ (c) _____

5. CONSENT FOR EMERGENCY MEDICAL TREATMENT: If any emergency procedures or treatment are required during the trip, I consent to the Trip Supervisor(s) taking, arranging for, and consenting to the procedures or treatment at the Supervisor(s) discretion.

6. TRANSPORTATION: As a parent/guardian, I am assuming responsibility for transporting my child to and/or from the destination indicated on this form.

Parent/Guardian’s Signature: _____ Date: _____