



Pike County Transportation Procedures

TRIP AUTHORIZATION FORM

Pike County Schools
TRIP AUTHORIZATION FORM
(Travel by private transportation)

I/We, _____, are the lawful parents or guardians of _____, student(s) in the Pike County School District. I/We do hereby grant permission for our child(ren) to participate in a trip to

_____ in _____ on the ____ day of _____, 20__ for the purpose of

_____. We specifically grant permission for our student(s) to travel by private vehicle driven by a staff member and/or by air travel.

We consent to our child(ren)'s participation in the activities described above. We know of no restrictions on our child(ren)'s ability to participate except as follows:

_____.

I/We understand that my/our child(ren) will be subject on this trip to any and all District disciplinary rules and the Student Code of Conduct to which they are subject during the school day. We further understand that during this trip our child(ren) will be subject to the supervision and direction of those adults who accompany the students from or on behalf of the School District.

We understand that the Board of Education, its officers, employees and agents do not have or assume any liability for damages, losses, or injuries to the above-named student as a result of the student participating in this trip. We understand that unless we have purchased school insurance or have



personal insurance that provides coverage for injuries to our child(ren), there may be no school district insurance which will cover any injuries, losses or damages on this trip.

I/We understand that we have the responsibility for informing appropriate District personnel of any medical needs of my/our child(ren) and authorize the District personnel or other chaperones to take any and all medical actions they believe necessary for my/our child(ren) until such time as I/we may be contacted.

I/We have fully read and fully understand the contents of this form.

Date

Signature of Guardian

Emergency Phone Number

Phone Number