# Authorization–Travel From Campus on School Activity

Dear Parents:

In order to travel to the activity noted below, students need your authorization. Transportation will be provided by bus. Please complete the bottom portion of this sheet and return it to the sponsor.

Activity: _____

Day and Date: _____

Time of Departure: _____

Sponsor: _____

**Parents may keep this portion for reference.**

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**Return this portion to the activity sponsor by: _____**

Student's name: _____

Activity: _____

Date(s): _____

Sponsor(s): _____

Parents should initial the appropriate line(s):

1. _____ I understand the nature of the activity and am willing for my child to participate fully.

2. The Sponsor is _____ / is not _____authorized to seek emergency medical treatment for my son/daughter in case I cannot be reached at the following telephone number(s):

   _____ _____ _____

We (student/parent) understand that school rules apply during field trips, athletic contests, or other activities involving travel.

_____ _____

(Student Signature) (Date) (Parent Signature) (Date)