

## PERMISSION FOR STUDENT TO BE TRANSPORTED BY PRIVATE VEHICLE

Dear Parent/Guardian:

Your son/daughter is scheduled to participate in an off-campus field trip/activity approved by University High School and supervised by school personnel. Transportation will be provided by private vehicle to and from this activity.

In the event of an accident, the insurance coverage on the vehicle owned by the adult driver shall bear primary responsibility for any loss or claims for damages.

Approved Driver Name:	Telephone #:		
Alternate Driver Name:	Telephone #:		
Day/Date/Year:	Departure Time: Return Time:		
Specific location of trip/activity:			
Description of trip/activity:			
School person in charge:			
PARENT/GUARDIAN AUTHORIZA	ATION:		
I give my permission for		to be transported by private vehicle to	
(Student Name) the field trip/activity outlined above. I understand that the student named above is to accept all rules and requirements governing conduct during this field trip/activity.			
Printed Named of Parent/Guardian	Signatur	re	Date
Address		City	Zip
Contact Number		Alternate Contact Number	
Alternate Emergency			
Contact Person: Printed Name	d	Alternate Person Contact Number	

Student signature acknowledges understanding of rules and requirements governing conduct during activity: