

STUDENT TRIP CONSENT/MEDICAL RELEASE

Dear Parent/Guardian:

A school-approved trip to _____ involving your student is scheduled for
Destination

to _____, we will be traveling by _____.
Departure Date/Time Return Date/Time (District bus/vehicle, private student automobile)

Your signed permission is necessary. Please contact phone at _____ or email at
Telephone Number

_____ if you have any questions.
Email Address

Staff Member's Name

Campus/School/Department

Please complete, sign and return this portion of the form.

