

RELEASE FROM AWAY GAMES

Tempe Union High School District Student Travel Parent/Guardian Permission Form

Site: DV MTP CDS THS MHS MDN CA Today's Date: _____

Trip Date(s): _____ Group Traveling: _____

School Sponsor Name: _____ Phone/Email: _____

Trip Location: _____

Purpose of travel/activity: _____

Departure time and date from campus: _____

Return time and date to campus: _____

School Transportation (circle one): School Bus, Van, Walking, specify if other: _____

Please return this Permission Form to the school no later than _____ (Date)

My signature below indicates my permission for my child, _____ (print child's first & last name) to participate in the student travel/activity described above. Please read and complete the Medical Emergency Information on the back of this form.

Parent/Guardian Permission Signature _____ Date _____

Parent/Guardian Permission Print Name _____ Contact # _____

Student Driving / Riding in Private Vehicle

I give my permission for my student to drive or ride in a private vehicle arranged for by a school employee to and/or from the activity described above.

I will drive my student ~~to~~ from the above activity. Names of additional students riding, if applicable: MY STUDENT NAME

I give my permission for my student to drive a private vehicle to and from the above activity.

FAILURE TO GIVE PERMISSION RESTRICTS THE STUDENT TO TRANSPORTATION PROVIDED FOR OR ARRANGED BY THE SCHOOL.

When transportation is provided by a student or an adult in lieu of transportation provided for or arranged by the District, the District has no responsibility for the conduct of the driver/vehicle and no responsibility for ensuring that the driver of the vehicle has proper license and insurance.

* _____
Signature of Parent/Guardian

* _____
Please print name of Parent/Guardian

* Home Phone: _____
* Work Phone: _____
* Cell Phone: _____
* Date: _____

PLEASE GIVE TO COACH WHEN SIGNING OUT YOUR STUDENT AFTER COMPETITION