

**ACTIVITY SPECIFIC PARENT PERMISSION**

I/We, \_\_\_\_\_ and \_\_\_\_\_

parent(s) or guardian(s) of \_\_\_\_\_ hereby grant permission to the Tucson

Unified School District (TUSD) to allow my/our child to participate in the following school sponsored activity;

**WGAZ Guard Championships and ASU Jazz Festival**

School: **Sabino High School** Teacher's Name: **Jack Taylor**

Travel Date: **3/31** Leave time: **7:00AM** Return time: **4/1 11:59PM**

Mode of Transportation: **School Bus**  
School bus, school van, walking, private transportation

In case of serious illness or injury, I give consent for my child to be taken to our doctor's office or the closest hospital by school personnel or ambulance, and emergency care provided there, until I can be contacted.

My child is eligible for medical care at: \_\_\_\_\_  
Insurance requirement or preference of hospital

In the event of an emergency, I can be reached at: \_\_\_\_\_  
Home, work, cell phone

***Yes, my child may attend this school sponsored activity and I have reviewed all information listed above.***

\_\_\_\_\_  
Signature of parent/guardian Date

***NO, my child may NOT attend this school sponsored activity.***

\_\_\_\_\_  
Signature of parent/guardian Date

\_\_\_\_\_ (Initial) IF APPLICABLE, I will be responsible for alerting, and instructing, the above-named teacher in writing regarding any specific health care needs of my child.

Additional Information:

## STUDENT OVERNIGHT TRAVEL EMERGENCY & MEDICATION FORM

*\*\*must be submitted to health office 2 weeks prior to trip (Non Interscholastic Activities)*

Date(s) of Travel: From 3/31 to 4/1 Teacher: Jack Taylor  
 Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Father/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Mother/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*If I am unavailable in the event of an emergency, the following people may make decisions on my behalf and/or assume temporary custody if necessary:*

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	CELL PHONE

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
 Insurance Carrier: \_\_\_\_\_ Group number/ID number: \_\_\_\_\_  
 Specify health problems/allergies: \_\_\_\_\_  
 Limitations, concerns, or other information: \_\_\_\_\_

Will your child need medication on the trip?  No  Yes **(If yes, complete consent for giving medication below.)**  
 Note: Middle school and high school students may carry and self-administer over-the-counter medication with a written note from parent/guardian giving permission and directing use.

**CONSENT FOR GIVING MEDICATION:** *I hereby request and give my consent for a district employee as designated by the principal to see that my child receives the medication listed below. I agree that prescription medication must be in the original container as prepared by a pharmacist and labeled, including the patient name, name of medication, dosage and time to be given. Any over-the-counter medication must be in the original packaging with all directions, dosages, contents, and proportions clearly marked. I will be responsible for giving the medication to the principal's designee (certified district employee) and instructing said person in how to administer the medication. I will also be responsible for alerting and instructing the principal's designee (certified district employee) on any specific healthcare needs of my child.*

MEDICATION	DOSE	ROUTE	REASON FOR GIVING	TIME(S) TO GIVE	DATE FROM	DATE TO

**MEDICAL TREATMENT AUTHORIZATION:** *In the event of illness or injury occurring to my child while on this travel/activity, I hereby give my consent for medical or dental care deemed necessary by the attending health care provider or dentist. My child may be examined and any necessary procedures (medical, dental or surgical), anesthesia, or diagnostic procedures (lab or x-ray) may be performed under the supervision of a member of the hospital or medical office staff furnishing such services. I further acknowledge that I am financially responsible for any medical, dental, ambulance, or other health care expenses or transportation of my child home, which might occur as a result of such illness or injury. I understand that TUSD does not provide accident medical/dental coverage for students for injuries/illnesses occurring during travel/activities. I understand that, in the event of other than minor illnesses or injury, reasonable effort will be made to contact me.*

**SIGNATURE OF PARENT/GUARDIAN:**

\_\_\_\_\_

**PROVISIONS OF TRANSPORTATION AND/OR SUPERVISION  
FOR CHILDREN ON SCHOOL EXCURSIONS**

*(private vehicles being used to transport students)*

I/We, \_\_\_\_\_ and \_\_\_\_\_, agree to provide transportation and/or supervision to children of \_\_\_\_\_ School on a school-sponsored excursion to Gilbert, Arizona on March 31st- April 1st, 2023. My/Our duty to supervise begins when students enter my/the vehicle and terminates when students leave the vehicle upon returning to school.

If providing transportation:

I/We understand that this excursion has been officially approved in accordance with Tucson Unified School District policy and that during this excursion,

I/We certify that:

1. I/We have a valid driver's license and am/are competent to drive a motor vehicle.
2. I will ensure no other individual will drive this vehicle during the event.
3. My/Our vehicle is insured with coverage greater than or equal to the state required minimum for car insurance.
4. To the best of my/our knowledge and belief, my/our vehicle is in safe working order and is safe for transporting students.
5. I/We have reviewed TUSD Policy EEB, and its regulation pertaining to transportation of students.

I/We understand that the insurance required above for my/our vehicle shall be primary and that insurance coverage provided by Tucson Unified School district shall be secondary.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Date

Site Actions Required:

- Attach copy of Driver's License for individual providing supervision and/or transportation.
- If using personal vehicle for transportation, attach current copy of proof of insurance.
- Site must ensure volunteer has current Volunteer Application on file at site and in HR, and has been fingerprinted and cleared for participation with School Leadership Office.