

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

West Sonoma County Union High School District

SCHOOL SPONSORED FIELD TRIP

(FORM F)

| | |
|-----------------|----------------|
| Student's Name: | Parent's Name: |
| Telephone #:(h) | (w) |

Teacher:

| | | |
|------------------------|-----------------|--------------|
| Date: | Departure time: | Return time: |
| Location of Trip: | | |
| Educational Objective: | | |

Mode of transportation:

- School bus/contract bus
- Employee driver/private car
- Volunteer driver/private car Driver's Name: _____
- Other: (walking, etc.)

Other person to contact in case of emergency:

| | |
|-------|--------------|
| Name: | Telephone #: |
|-------|--------------|

Insurance Carrier:

- Blue Cross Kaiser Other _____
- Medical I.D. # _____

Health needs: Please indicate below if your child has any special health needs or limitations, including allergies, asthma, etc:

Indicate specific instructions for above, including the need for medicines, special procedures etc:

I give my permission for my child to attend this excursion. I give my permission for my child to be transported as noted above on this form. I also give permission for school authorities to authorize medical care should the need arise.

Signature of Parent/Guardian

 Date