



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;

School: _____ Teacher's Name: _____

Travel Date: _____ Leave time: _____ Return time: _____

Mode of Transportation: _____

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: