

Commerce City School District
TRIP AUTHORIZATION FORM
(Travel by private transportation)

I/We, _____, are the lawful parents or guardians of _____, student(s) in the Commerce City School District. We voluntarily grant permission for our student(s) to travel by private vehicle driven by _____ to participate in _____.

We consent to our child(ren)'s participation in the activities described above. We know of no restrictions on our child(ren)'s ability to participate except as follows: _____
_____.

I/We understand that my/our child(ren) will be subject to any and all District disciplinary rules and the Student Code of Conduct to which they are subject during the school day. We further understand that during this trip our child(ren) will be subject to the supervision and direction of those adults who accompany the students from or on behalf of the School District.

We understand that the Board of Education, its officers, employees and agents do not have or assume any liability for damages, losses, or injuries to the above-named student as a result of the student participating in this trip. We understand that unless we have purchased school insurance or have personal insurance that provides coverage for injuries to our child(ren), there may be no school district insurance which will cover any injuries, losses or damages on this trip.

I/We have fully read and fully understand the contents of this form.

Date

Signature of Parent/Guardian

Emergency Phone Number

Phone Number