LAKE OSWEGO SCHOOL DISTRICT

Authorization for Transportation to Off-Campus Locations and Field Trips

This form authorizes transportation alternatives to and from district sanctioned activities when transportation is provided by the district. When complete, return this form to your teacher/coach at least **two (2)** days prior to the event.

Student Name: _____

School: Lakeridge High School

Event Location: Mt Hood Meadows, Mt Hood Skibowl, Hoodoo, Black Butte

Date(s) of Event: ☐ one date only _____(date)
☑ entire season
☐ multiple dates (please list all dates)_____

I acknowledge that by signing this form I am giving permission for the above named student to travel to and from district sanctioned events by any of the methods I have approved below. I also acknowledge that the District provides no medical or liability insurance applicable to these transportation alternatives. It is the student's responsibility to carry any medications they may need with them such as inhalers, epi pen, and diabetic supplies.

Check all that apply

☐ Transportation (bus) provided by the District
☐ Private vehicle (see below)
☐ Private charter bus
☐ Airplane
☐ Train
☐ City bus
☐ Other _____

	YES	NO
My child to ride in a private vehicle driven by an adult other than myself.	☐	☐
My child to drive our private vehicle.	☐	☐
My child to ride in a private vehicle driven by another student.	☐	☐
For students with medical conditions or IEP/504	**YES**	**NO**
I give permission for my student to ride in a private vehicle driven by an adult other than myself. Name of adult: _____	☐	☐
I give permission for my student to ride public transportation.	☐	☐
I give permission for my student to ride the activity bus.	☐	☐

_____ _____

Parent/Guardian Name **Emergency Phone Number**

_____

Parent/Guardian Signature