



Student Travel Authorization

COLLIER COUNTY PUBLIC SCHOOLS

I, the undersigned parent or legal guardian of _____,
Name of Student

grant permission for my child or ward to travel to _____
Destination

sponsored by _____ of _____ School.
Name of School Group

I understand the students are scheduled to depart from the school at _____ a.m. / p.m.

on _____, _____, 20_____.
Day of Week Month

I understand, acknowledge and agree that:

The School Board of Collier County, Florida, will provide for reasonable supervision of students within its care and control. The supervision will be consistent with the ages of the students. However, the School Board is not an insurer of the safety of the students nor can it supervise all movements of all students at all times.

In addition, there are certain risks inherent in travel and at the destination. I further understand that an employee or volunteer has no personal liability unless he or she has acted recklessly, wantonly, or intentionally to injure my child.

If this box is checked this student travel involves a water related activity.

Date

Signature of Parent or Legal Guardian

Please print name on this line

Emergency Contact Number