

SIERRA SANDS UNIFIED SCHOOL DISTRICT

STUDENT TRAVEL AUTHORIZATION

I approve of the plan for my student, _____, to
(Student's Name)

travel to **Flagstaff, Arizona, March 19 – 23, 2012** for performances, culture and the NAU clinic. Monday 3/19/12 7:00 a.m. load and at 7:00 p.m. to BHS Friday 3/23/12.

I understand that he/she will travel in a school-approved vehicle.

My understand that my student will be staying at the following hotel:

Holiday Inn Express
2320 E. Lucky Lane
Flagstaff, AZ 86004
Phone: 928-714-1000

*** SIGNATURE, TELEPHONE NUMBER(S), & MEDICAL PERMISSION ARE REQUIRED FOR BOTH DAY AND OVERNIGHT TRIPS:**

* _____
Signature of Parent/Guardian Date

* _____
Telephone Number(s) Where You May Be Reached

I hereby authorize an adult representative of Burroughs High School to obtain medical treatment for _____ if he/she is injured or ill while on a school-sponsored trip and the representative is unable to contact me by telephone.

_____ * _____
Date Signature of Parent/Guardian

Distribution: White - Driver
Copy - School Administrator