

WICHITA PUBLIC SCHOOLS

PARENT/GUARDIAN SCHOOL TRIP CONSENT

This form is required for all school trips,
including Kansas State High School Activities Association (KSHSAA) events.

Parent/Guardian must sign.

We request that _____

Student's Name – PLEASE PRINT

Student's Phone

Student's Street Address City State Zip

be allowed to participate in the following trip(s). Schedule may be attached for multiple trips.

**Parent/guardian: Please cross-out any trip(s) listed below or on any attachments
that you do not authorize, and sign at the bottom of this page.**

Date(s)	Destination/Purpose	Approximate De- parture Time	Approximate Return Time	Transportation
August 15, 2023 through May 23, 2024	To use facilities (i.e. pickle ball courts) at Seneca Park,* across Seneca street (East) from Allison for school activities.	During the regular school day.	Click here to enter text.	licensed public conveyance school bus owned/rented van private passenger vehicle private passenger vehicle driven by student
Click here to enter text.	Click here to enter text.	Click here to en- ter text.	Click here to enter text.	licensed public conveyance school bus owned/rented van private passenger vehicle
Click here to enter text.	Click here to enter text.	Click here to en- ter text.	Click here to enter text.	licensed public conveyance school bus owned/rented van private passenger vehicle
Click here to enter text.	Click here to enter text.	Click here to en- ter text.	Click here to enter text.	licensed public conveyance school bus owned/rented van private passenger vehicle

If there is an accident or medical issue, I understand that the parent/guardian is responsible for consent to and/or payment of medical treatment of a minor. In the event of an emergency on trip(s) in Wichita or less than 60 miles from the city limits, I authorize district staff to call the phone number(s) below or the Emergency Contacts provided at enrollment. Additionally, if the phone number(s) below or the Emergency Contacts cannot be reached, I authorize district staff to facilitate appropriate emergency responses for the student listed above.

Signature of Parent or Guardian Date Parent or Guardian's Emergency Phone Numbers