



TORRANCE UNIFIED SCHOOL DISTRICT

2335 PLAZA DEL AMO
P.O. BOX 2954
TORRANCE, CALIFORNIA 90509-2954

TELEPHONE (310) 972-6500
www.tusd.org

BOARD OF EDUCATION
HEIDI A. ASHCRAFT
MICHAEL P. ERNST, Ph.D.
ALBERT Y. MURATSUCHI, Esq.
TERRY L. RAGINS
MARK STEFFEN

SUPERINTENDENT
OF SCHOOLS
GEORGE W. MANNON, Ed.D.

PERMISSION FOR TRANSPORTATION OF STUDENT

SCHOOL: WEST TORRANCE HIGH

TEACHER/SPONSOR: BILL ATKINSON

DRIVER: _____

STUDENT: _____

Last	First	Middle
_____	_____	_____

EVENT/DESTINATION: GIRLS BASKETBALL

DATES OF EVENT (S): DECEMBER 1, 2008 THRU FEBRUARY 27, 2009

TIMES OF EVENT (S): VARIES

PLACE (S) OF DEPARTURE/RETURN: WEST HIGH SCHOOL

INSURANCE: I understand that the Board of Education does not or may not carry any insurance relative to the trip or for injuries to the students. I represent that the student has insurance either through the Torrance Unified School District's student insurance program or through my own insurance carrier.

ACCOMMODATIONS: If the student is disabled or requires special accommodations, those accommodations are attached.

I acknowledge and understand that the Torrance Unified School District is not providing transportation to this event and that it is the responsibility of the undersigned to arrange transportation for my student. I hereby authorize and give permission for my student _____ to ride as a passenger in a vehicle driven by a coach, sponsor, parent, or other adult, who is at least 25 years of age, to and from the above event on the date (s) indicated.

The undersigned acknowledges and understands that the driver is not driving on behalf of, or as an agent of, the Torrance Unified School District. Further, the undersigned acknowledges that the Torrance Unified School District has not verified the driving record or Department of Motor Vehicles record of the driver or the mechanical condition of the vehicle. Each driver has provided proof of insurance coverage and a California driver's license.

PERMISSION FOR TRANSPORTATION OF STUDENT

Page 2

I understand that I will be responsible for delivering my student to the designated location at the proper time for departure to the event and will promptly pick up my student from the designated location at the conclusion of the activity.

MEDICAL TREATMENT: If any emergency medical procedures or treatment for my student are required during the trip, I consent to the trip supervisor (s) taking, arranging for, and consenting to the procedures or treatment in the supervisor's discretion. I will pay the costs of any such medical procedures or treatment. I agree not to hold the Torrance Unified School District, its officers, or employees liable for any medical aid rendered and will reimburse the Torrance Unified School District for all medical and other expenses incurred in the care of my student. In order that my student may receive all necessary medical treatment in the event of an injury or illness, I hereby hold the Torrance Unified School District and its representatives harmless in the exercise of this authority.

WAIVER/INDEMNITY: I release and waive, and further agree to indemnify, hold harmless or reimburse the Torrance Unified School District, the individual members, agents, employees and representatives thereof, as well as trip supervisors, from and against, any claim that the student or his or her parents or guardians, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during, or in connection with the student's participation in the trip, including transportation to and from the event, and related activities or the rendering of emergency medical procedures or treatment, if any.

This permission form has been signed only after reading and acknowledging the foregoing.

DATE: _____

PARENT/GUARDIAN: _____
(print name)

PARENT/GUARDIAN: _____
(signature)

Please return this form to the office.