

FIELD TRIP PERMISSION FORM

(Parent/Guardian & Teachers)

TO WHOM IT MAY CONCERN:

I hereby grant permission for _____
(Student Name) (Student No.)

to participate in a field trip or activity to: _____
(Activity Name/Location)

sponsored by _____
(Teacher/Group/Adult)

on _____ leaving school at _____ and returning _____

I understand this trip is optional and attendance by my child is not required. Transportation for the activity will be provided by:
_____ School bus _____ Private Vehicle _____ Other

If private vehicles are used, I give permission for my student to (Check all that apply)
_____ Drive _____ Ride with another student _____ Ride with parent _____ Ride with teacher

I understand that this is a school-sponsored trip and all school rules and guidelines apply.

If private vehicles are used, the Personal Vehicle Use Form MUST be completed.

I understand that all students participating in this trip will be responsible in conduct to the driver and to the teachers or adult sponsors at all time. It is further understood that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made.

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby give permission to the physician _____
sted by the school staff to secure proper treatment for my

I understand that Education Code Section 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion, and I therefore acknowledge that as a condition of my son/daughter participating in the said activity, I waive any and all claims against the Sequoia Union High School District for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

Date: _____ Parent/Guardian _____

If your son/daughter will be driving other students, please read and sign the following:

I give my permission to my son/daughter to drive my/our private automobile to the schedule activities, and I will permit him/her to transport other students to the scheduled activities. In compliance with vehicle code section 16451, I posses an owner's policy of motor vehicle liability insurance of at least the amount required by law. I further certify that my automobile meets the safety standards of the California Highway Patrol. Personal Vehicle Use Form including proof of insurance must be on file at the school

Parent/Guardian Signature _____ Date _____

Please indicate any existing medical conditions or special needs your student may have.

Please permit _____ to make up work for the periods listed below

Period	Course	Teacher's Signature
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

RETURN COMPLETED PERMISSION SLIP TO _____ BY _____

FIELD TRIP MEDICAL PERMISSION FORM

Trip to: _____

Date _____ Adult Leader _____

I give _____ (teacher/group leader) permission to authorize emergency

Medical/dental care for _____ (student) for the duration of this trip if required.

Signature _____

Name (please print) _____

Date _____

Contact in an Emergency:

1. Name: _____
Work Phone: _____
Home Phone: _____
Cell Phone and/or Pager: _____

2. Name: _____
Work Phone: _____
Home Phone: _____
Cell Phone and/or Pager: _____

Doctor's Name: _____
Phone: _____

Medical Insurance Carrier: _____ Phone No. _____
(Ensure your student has his/her medical ID card and/or the number

Medical ID Number: _____ Last Tetanus Booster (date): _____

Medicine Allergies _____

List all medications being sent with the student. List dosage and how often it must be taken. All medications must each be in their original containers.

Medications taken and frequency: _____

Any other medical information that the group leader should be aware of: _____

Blood Transfusions (yes or no) _____

Ensure your student has enough medication for the entire trip plus a little extra for emergencies and delays.

Signature _____ Date _____