



ABC UNIFIED SCHOOL DISTRICT

Risk Management Department
16700 Norwalk Boulevard
Cerritos, CA 90703

SCHOOL YEAR: _____

FIELD TRIP PERMISSION FORM – VOLUNTARY ATTENDANCE

STUDENT'S NAME _____ GRADE _____

has my permission to participate in field trips as part of _____ SCHOOL.

This permission is to remain in effect for the school year unless it is revoked in writing. It will cover all field trip activities approved by the Board of Education. Field trips are an integral part of the educational program and typically involve trips to local businesses, parks, city facilities, library, and museums or to tour a commercial enterprise or entertainment center. I will be notified of a field trip and schedule prior to any event off site. This form provides permission for all of these activities for this current school year. A separate authorization sheet will be sent to me for my approval for excursion involving travel in excess of 35 miles one way.

In the event of illness or injury, a reasonable attempt will be made by the staff to contact me or other individual designee. Should no one be reached, I hereby give my consent for my child to receive emergency medical, surgical or dental diagnoses, or treatment, x-ray, examination, or anesthetic hospital care as considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. This does not authorize any school personnel to give consent for hospital/clinic medical procedures. I will be responsible for the payment of all medical services rendered including emergency transportation.

I fully understand that participants shall abide by all rules and regulations governing conduct during the trip.

As stated in California Education Code section 35330, I understand that I hold the ABC Unified School District, its officers, agents and employees, harmless from any and all liability or claims which may arise out of or in connection with my child's participation in all activities associated with this program.

Special Instructions: *(attach sheet if necessary)*

HEALTH NEEDS: CHECK ONE

_____ My child has **NO** special health needs the staff should be aware of and **NO** medication is required on a field trip.

_____ Medication instructions are attached

MUST BE COMPLETED:

Family Medical Insurance Carrier (e.g. Kaiser) _____

Policy Number _____ Phone Number _____

Signature (Parent/Guardian)

Print Parent Name

Work Phone (____) _____ ext. _____ Home Phone (____) _____

Cell Phone (____) _____ Date _____