



MBUSD Extended Day Program

Camp Session Permission Form

*Parent's / Guardian's Permission Form for participation in MBUSD
Enrichment Camp Activities and Field Trips
and Authorization for Medical Care*

(Print Child's Name) _____ has my
permission to participate in Enrichment Camp Activities and Field Trips.

Parent / Guardian, please note:

EDP staff to student ratio is 1:14.

_____ **Initial here if you believe your child is able to participate in EDP field trips off the campus
(walking/bus).**

_____ **Check here if instructions for special medical treatment or special needs of the child are
noted on the Emergency Information Form.**

Section 35330 of the California Education Code states in part:

**"All persons making the field trip 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 excursion."**

I agree to direct my child to cooperate with directions and instructions of the camp personnel in charge
of the activity.

I will update immediately the information on the Emergency Information Form when there is any change.
I understand that the Emergency Information Form will serve as my authorization for medical care for all
activities and field trips.

I understand that it is the policy of the district that all students participating in field trips must ride the bus
and / or transportation approved by the school district to and from the field trip destination with their
group.

I have read and agree to abide by the above rules.

Print Parent's / Guardian's Name

Date

Parent's / Guardian's Signature

Date