

Date: _____

Dear Parent:

Throughout the _____ school year, your child's class,
_____, will be going on educational field trips or excursions
involving the following activities:

1. _____
2. _____
3. _____
4. _____
5. _____

Such educational field trips or excursions will take place during regular school hours. These field trips or excursions may involve walking, public transportation, or transportation provided by the _____ School District ("District").

The purpose of these field trips will be: _____.

Teacher: _____.

Permission for Student Participation: For the entirety of the _____ school year and in accordance with my child's participation in _____ has my permission to participate in the above-listed educational field trips or excursions sponsored by the District and to be transported via public transportation or District-provided transportation. I understand that these field trips or excursions are made pursuant to Education Code sections 35330 and 35350 and that such sections provide that all persons making the field trips or excursions shall be deemed to have waived all claims against the District. I further declare that no promise, inducement or agreement not herein expressed has been made to the undersigned. This waiver contains the entire agreement between the undersigned and the District and the terms of this waiver are contractual and not mere recital.

Parent/Guardian Initials: _____

Authorization for Medical Treatment: In the event of an accident or other emergency, when a parent is not available, I hereby authorize a representative of the District to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event the named physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

Physician:

(Name) (Address) (Phone)

Parent/Guardian Initials: _____

Special Medical Needs: Please initial next to one of the following lines:

My child has no special health needs which District staff should be aware of and medication is NOT required during the field trip or excursion. Parent/Guardian Initials: _____

The District is aware of my child's health needs, if any, and any necessary medical authorizations are on file with the District. Parent/Guardian Initials: _____

Parent/Guardian Consent and Waiver: I have read and understand the terms herein and agree to such terms. My child has permission to attend the above-described field trips or excursions and to be transported according to the information provided in this form.

(Parent/Guardian Name) (Parent/Guardian Signature) (Date)

Parent/Guardian home phone number: _____

Other daytime phone numbers: _____ or _____