

1. Required Information from Parent/Guardian

Student Name:		Teacher:	
School:		Grade:	
Parent/Guardian Name:		Parent/Guardian Name:	
Phone No.:		Phone No.:	

Initial One Line:

___ My child has no special health needs which staff should be aware of and medication is NOT required during the trip/excursion.
 ___ The school is aware of my child's health needs, if any, and the completed and signed forms are on file in the school office.

2. Trip Information

Date:		Time Departing School:		Time Returning to School:	
Destination and Address:					
Transportation:	<input type="checkbox"/> District Transportation	<input type="checkbox"/> Walking			
	<input type="checkbox"/> Private Vehicle(s)	<input type="checkbox"/> Flight			
	<input type="checkbox"/> Bus(es)	<input type="checkbox"/> Other: _____			
Recommended Cost per student:					

General Notes:	<ol style="list-style-type: none"> 1. No student will be excluded from attending because of a lack of sufficient funds. 2. Students will not be allowed to use transportation other than that which is identified above, without advance written permission of their parent/guardian and authorization from the school. 3. Drivers transporting students by private vehicle must register with and be approved by District. 4. Other: _____.
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3. Parent/Guardian Consent and Waiver

By initialing the three (3) statements and signing below, parent/guardian acknowledges and agrees:

___ My child has permission to attend the field trip or excursion and to be transported according to the information provided in this form.

___ California law (Education Code Section 35330) provides that all persons making the field trip or excursion, including out-of-state field trips or excursions, shall be deemed to have waived all claims including, but not limited to, claims on behalf of the parent/guardian and student, against District, its employees, governing board, and the State of California for injury, accident, illness, or death which occurs during or by reason of the field trip or excursion.

___ In the event of an accident or illness, District has permission to render and/or consent to whatever emergency medical treatment may be deemed necessary for the above-named student.

Printed Name: _____ Signature _____ Date _____

4. Student Acknowledgement

I agree to abide by the behavioral expectations outlined in the Student Handbook, which I received and reviewed during registration.

Printed Name: _____ Signature _____ Date _____

Cut Off and Keep as Reminder

Date:	Destination:	Leave/Return Time: ____/____
Special Notes: (Examples: Please pack lunch, wear warm clothes, bring notebook, etc.)		