

South Pasadena Unified School District Permission Release

STUDENT/CHAPERONE PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP PARENTAL PERMISSION, ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION



Student/Volunteer's Name _____ has permission to participate in the following field trip:
 Organization/Group _____ School _____ Grade _____
 Teacher/Requestor In Charge _____ Date of Trip ____/____/____ Day _____
(Print)
 Destination/Nature of Activity: _____
 Special Instructions _____
(e.g., Bring sack lunch)

TRANSPORTATION BY

Bus _____ Car _____ Walking _____ Volunteer Driver _____ Other (Specify) _____

TIME SCHEDULE

Departure from Site _____ am/pm Destination Arrival _____ am/pm
 Departure from Destination _____ am/pm Return time to Site _____ am/pm

PICK-UP AND DELIVERY POINTS

Pick-Up/School _____ Specific Address _____
 Unloading Location _____ Specific Address _____
 Stopping for meals Yes _____ No _____ Lunch provided by Food Service _____ Student _____

HEALTH OR SPECIAL NEEDS

Initials:

	I/my child have/has no special health needs the staff should be aware of, and no medication is required on the trip.
	I/my child have/has special health needs, and instructions are attached. Number of attached pages: <input style="width: 50px;" type="text"/>
	Other: _____

In the event of illness or injury, I do hereby consent to x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

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

As provided for in California Education Code Section 35330, I agree to waive all claims against the South Pasadena Unified School District and hold the 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 this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

SIGNATURES

Parent/Guardian/Chaperone _____ Work Phone () _____
(Signature) (Please Print) Home Phone () _____
 In case of emergency or you can not be reached _____ Work Phone () _____
(Please Print) (Relationship) Home Phone () _____
 Student's _____
(Signature) (Student's Date of Birth)
 Family Medical Insurance Carrier _____ Policy Number: _____
(e.g., Blue Cross)

Be sure to include this number!