



FIELD TRIP PARENTAL PERMISSION AND RELEASE FORM

My child _____ in _____ grade has my permission
Name of Child

to participate in a trip to _____.

•**Date:** _____ Cost of the trip (Student): \$ _____

•**Time:** _____ Cost of the trip (Participating Parent): \$ _____

•**Transportation**

Drivers Needed: ___ Yes ___ No

Bus: ___ Yes ___ No

Private Cars: ___ Yes ___ No

PARENTS PLEASE NOTE:

California State Education Code, Section 35330 in part provides:

All persons making the field trip are deemed to have waived all claims against the school and its employees and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip. If the field trip is outside the State of California, all adults participating in the field trip and all parents or guardians of pupils taking the out of State field trip are required to sign this statement waiving such claims.

Approval Signature of Parent/Guardian

Date

MEDICAL AUTHORIZATION

Should it be necessary for my child to have medical treatment while participating in this trip, I hereby give the School personnel permission to use their judgment in obtaining medical service for the child and I give permission to the physician selected by the School personnel to render medical treatment deemed necessary and appropriate by the physician.

Student Name

Doctor's Name and Telephone No.

Emergency Telephone Numbers

Signature of Parent or Guardian