

FIELDTRIP PERMISSION FORM

ACTIVITY: _____

DATE OF ACTIVITY _____ LOCATION _____

Students will be traveling by: BUS _____ PRIVATE VEHICLE _____

Departure from School _____ Arrival Back at School _____

✂ ✂ _____
Please complete and return this portion to your child's teacher.

STUDENT'S NAME _____ GRADE _____ BIRTHDATE _____

SPECIAL HEALTH CONDITION/S (be very specific): _____

Allergies (environmental and/or drug): _____
 Medication/s: _____ Asthma: _____

Please circle best contact phone # on the date of field trip:

PARENT/GUARDIAN'S NAME _____ HOME: _____

CELL: _____

ADDRESS _____ WORK: _____

PERSON/S (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ PHONE _____

I, the parent/guardian of the above named student hereby give my permission for his/her participation in the **voluntary activity** named above.

As stated in California Education Code Section 35330, and attested to by my signature below, I understand that *all persons making the field trip or excursion shall be deemed to have waived all claims against the district (Dixie School District) or the State of California for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion. I understand, therefore, that I hold the Dixie School 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.*

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

PARENT/GUARDIAN'S SIGNATURE _____ DATE _____

