

**PARENT'S OR GUARDIAN'S PERMISSION FOR FIELD TRIP  
AND AUTHORIZATION FOR MEDICAL CARE**

To the principal of \_\_\_\_\_ School:  
\_\_\_\_\_ has my permission to participate in the field trip to  
(Student's Name) \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Date \_\_\_\_\_ Departure Time \_\_\_\_\_ AM/PM Return Time \_\_\_\_\_ AM/PM

Supervisor(s) of trip \_\_\_\_\_

**LUNCH ARRANGEMENTS:**

- \_\_\_\_ Student will be at school during lunch.
- \_\_\_\_ Student should bring sack lunch.
- \_\_\_\_ Other: \_\_\_\_\_

**METHOD OF TRANSPORTATION:**

- \_\_\_\_ Walking
- \_\_\_\_ Private Auto
- \_\_\_\_ School Bus / Charter Bus
- \_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_  
Driver's Name (Please Print)

Other Information: \_\_\_\_\_

**NOTE TO PARENT / GUARDIAN:**

**Section 35330 of the California Education Code states in part:**

"All persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

**I give my permission for my student to attend this trip. I agree to direct my student to be cooperative with directions and instructions of the school district personnel in charge of the activity.**

\_\_\_\_\_  
(Parent's/ Guardian's Signature)

\_\_\_\_\_  
Date

**AUTHORIZATION FOR MEDICAL CARE**

Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgment in obtaining medical care and ambulance service for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and therefore, any cost incurred for such treatment shall be my sole responsibility.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home telephone number

\_\_\_\_\_  
Parent / Guardian Name (Please Print)

\_\_\_\_\_  
Business telephone number - Parent / Guardian

\_\_\_\_\_  
Emergency telephone number

\_\_\_\_\_  
Authorization Signature of Parent / Guardian

\_\_\_\_\_  
Date:

**Instructions for special medical treatment:** \_\_\_\_\_