



Sacramento City Unified School District
Parent Permission for Student Field Trip

School Name \_\_\_\_\_ Date \_\_\_\_\_

Teacher Name \_\_\_\_\_ Room # \_\_\_\_\_ Telephone # \_\_\_\_\_

Field Trip Destination \_\_\_\_\_

Date \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Transportation will be via: [ ] Walking [ ] School Bus

If the trip is not during the regular school day or begins or ends outside regular school hours, and the student is not within walking distance from school, parents should arrange for transportation to and from school or point of departure and return.

NO STUDENT MAY GO ON ANY FIELD TRIP UNLESS THE PARENT/GUARDIAN HAS SIGNED AND FILED THIS PERMISSION SLIP WITH THE SCHOOL

PERMISSION SLIP
(Detach and Return to School)

\_\_\_\_\_ Has my permission to attend the field trip on \_\_\_\_\_
(Student Name) (Date)

to \_\_\_\_\_
(Destination)

My child can swim [ ] Yes [ ] No (Applies to water activities only)

Waiver: California law states: "all persons making the field trip or excursion shall be deemed to have waived all claims against the district (its employees) or the State of California for injury, accident, illness, or death occurring during or by reasons of the field trip or excursion. All adults taking out-of-state trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims." (Education Code 35330) My signature on this form shall constitute an informed and knowing waiver as required by law.

EMERGENCY INFORMATION

In the event of accident or emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. The undersigned parent/guardian fully understands he/she is responsible to pay all costs incurred as a result of the foregoing.

Physician Name \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Carrier (Kaiser, etc.) \_\_\_\_\_ Record # \_\_\_\_\_

List any important medical/allergy information including any limitation to or on medical treatment rendered to your child \_\_\_\_\_

My signature below authorizes my student to participate in the field trip:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Home Phone \_\_\_\_\_ Emergency Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

(Form To Be Carried By Teacher On Field Trip)