

LA CAÑADA UNIFIED SCHOOL DISTRICT
Pupil Field Trip Permission Slip and Medical Authorization

Dear Parents:

To allow your student to participate in the following school activity off campus, we need you to fill out the following information. Please fill out each section that applies to the type of activity your student wishes to attend. *Section 35330 of the Education Code of California states that "no pupil shall be prevented from making the field trip or excursion because of lack of sufficient funds."* No pupil will be permitted to participate in the activity without this form on file.

TO BE FILLED OUT FOR ALL OFF-CAMPUS ACTIVITIES

This is to certify that my child/ward:

Name of Student

Address & Phone #

has my permission to participate in the following activity _____

Time & date of activity: _____

Additional details: _____

Teacher in charge: _____

Parent signatures are the teacher's authorization to administer emergency First Aid and/or to call any reference listed below in case of emergency, and to authorize a representative of the La Cañada Unified School District and/or the alternates listed below to act as agent(s) to consent to any X-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, surgeon or dentist whether in his office or in a licensed hospital. This authorization is given in advance of any required care to empower a representative or official of the District to give consent for such treatment as the physician may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California and is effective unless revoked in writing. I understand that if this trip involves payment to a travel agency, the La Cañada Unified School District will not be held responsible should political events force cancellation of travel and loss of trip payments.

Home Phone: _____ Work Phone: _____ Cell Phone/Pager _____

Neighbor/Local Friend _____ Phone # _____

Family Physician _____ Phone # _____

Pupil's Medical Insurance Carrier: _____

Policy No.: _____

WAIVER

We (I) are (am) aware and acknowledge that any activities covered by this permission slip, by their nature, pose the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity for our (my) child/ward to participate in those activities, we (I) do hereby agree as follows:

1. All persons making the field trip or excursion 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, including but not limited to transportation to and/or from the field trip/activity.

OVER.....

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2. That we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical and/or surgical treatment and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.
3. To indemnify and hold harmless the La Cañada Unified School District, its officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with, or result from, any routine and/or emergency medical services, or participation of our (my) child/ward in the field trip/activity covered by this permission slip, including but not limited to transportation to and/or from the field trip/activity.
4. We (I) fully understand that all persons participating in the field trip/activity are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in the individual being sent home at the expense of his/her parent/guardian.

PRIVATE TRANSPORTATION AUTHORIZATION (if applicable)

If it is necessary to use a private car rather than a bus to transport students, the following must be signed:
My student has my permission to ride in a private car driven by a teacher or parent to the above mentioned activity.

Signature of Parents/Guardians _____

Date _____

We (I) acknowledge that we (I) have carefully read this Pupil Field Trip Permission Slip and Medical Authorization form and we(I) understand and agree to its terms.

Signature of Parent/Guardian _____ Dated _____

Signature of Parent/Guardian _____ Dated _____

(Both parents must sign unless single parent has sole custody.)