

PLACER UNION HIGH SCHOOL DISTRICT

PARENT PERMISSION FOR SCHOOL RELATED TRIP AND CONSENT TO TREAT

THIS FORM MUST BE COMPLETED FOR EACH ACTIVITY AND SUBMITTED FIVE SCHOOL DAYS BEFORE THE SCHEDULED EVENT.

CHANA/MAIDU COLFAX DEL ORO FORESTHILL PLACER

\_\_\_\_\_ has the opportunity to take part in a school activity away from school. Participation in these events is purely voluntary and requires your written permission. If you approve the following arrangements, please sign at the bottom and return the form to the faculty sponsor.

I understand and acknowledge that Education Code Section 35330 provides that all persons participating in the school-related 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 this trip. I also understand in accordance with Education Code 35330, no student shall be prevented from making a co-curricular (class curriculum related) field trip because of lack of sufficient funds.

FACULTY SPONSOR'S NAME: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DATE: \_\_\_\_\_ ESTIMATED TIME OF DEPARTURE: \_\_\_\_\_

ESTIMATED TIME/DATE OF RETURN: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Phone to be reached in emergency/delay: \_\_\_\_\_

If unable to reach parent, other authorized adult: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier's Name and Policy #: \_\_\_\_\_

Special medical considerations regarding my student (examples: allergies to medicine, food; diabetes, etc.):

\_\_\_\_\_  
\_\_\_\_\_

(ADDITIONAL INFORMATION MAY BE PUT ON THE BACK OF THIS FORM)

In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical or hospital care, including necessary transportation, in accordance with their best judgment. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing.

I understand that students on approved field trips are under Board jurisdiction and subject to school rules and regulations. Any student violating Ed Code 48900 or 48915 on a field trip may be subject to school discipline policies up to and including suspension or expulsion. A student may also be sent home from an overnight trip at parent expense.

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

Student Signature \_\_\_\_\_ Date \_\_\_\_\_