

**FIELD TRIP PERMISSION FORM**

(Parent/Guardian & Teachers)

TO WHOM IT MAY CONCERN:

I hereby grant permission for \_\_\_\_\_  
(Student Name) (Student No.)

to participate in a field trip or activity to: \_\_\_\_\_  
(Activity Name/Location)

Trip Date: \_\_\_\_\_ Sponsored by \_\_\_\_\_  
(Teacher/Group/Adult)

Overnight Field Trip: Yes  No

I understand this trip is optional and attendance by my child is not required. Transportation for the activity will be provided by:

School Bus/Van  Train/Public Bus  Chartered Bus  Private Vehicle  Walking  Airplane

If private vehicles are used, I give permission for my student to (Check all that apply):

Drive  Ride with parent  Ride with Teacher

I understand that this is a school-sponsored trip and all school rules and guidelines apply.

*If private vehicles are used, the Personal Vehicle Use Form MUST be completed and sent to the Transportation Department three weeks before the trip date.*

**\*Students cannot  
drive other  
students**

I understand that all students participating in this trip will be responsible in conduct to the driver and to the teachers or adult sponsors at all time. It is further understood that students are required to go and return from this event on the transportation provided.

The supervising teacher or sponsor will discuss field trip rules and safety requirements with students and adult chaperones prior to the field trip, which may include dangerous or hazardous conditions or circumstances exposing the student to potential harm or injury, potentially including death. Students are required to obey all rules and safety requirements of the field trip, as well as codes of conduct and general standards for respect of persons and property and good behavior. I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) may be exposed to or infected by COVID-19 by attending the field trip. I understand and agree that failure of my student to follow field trip rules or safety requirements, including COVID safety measures, may result in my student being sent home, at my expense.

**Authorization to Treat a Minor:** If an injury or medical emergency occurs during the field trip, a supervising teacher, sponsor or chaperone has my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of my student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the emergency contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery), as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility<sup>1</sup>.

In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the school staff to secure proper treatment for my \_\_\_\_\_.

**Notice of Waiver of All Claims:** I understand that Education Code Section 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the District of the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion, and I therefore acknowledge that as a condition of my son/daughter participating in the said activity, I waive any and all claims against the Sequoia Union High School District for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

<sup>1</sup> The School District does not provide insurance for this field trip/excursion, although optional insurance is available for purchase at <https://studentinsuranceusa.com/> (click on the link to K-12 Plans).

Date: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

---

Please permit \_\_\_\_\_ to make up work for the periods listed below:

<u>Period</u>	<u>Course</u>	<u>Teacher's Signature</u>
0	_____	_____
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____

The District can provide free Breakfast and Lunch for each student.

Do you wish to order meals for your student for this field trip? Yes  No

Meals to be offered: Breakfast  Lunch  None Required

Are there any dietary or special needs we should be aware of? Yes  No

Please provide your students special medical/dietary needs: \_\_\_\_\_

**RETURN THE COMPLETED PERMISSION SLIP TO \_\_\_\_\_ BY \_\_\_\_\_**