

Los Angeles Unified School District (Fax Form #2)

PARENT'S OR GUARDIANS PERMISSION FOR A FIELD TRIP
AND AUTHORIZATION FOR MEDICAL CARE

To: the Principal of _____ School
_____ Has my permission to participate in the
field trip to _____ on _____
Departure _____ A.M/P.M Return _____ A.M/P.M
Supervising Teacher _____

LUNCH

METHOD OF TRANSPORTATION

- ? Student will be at school during lunch
? Students should bring sack lunch without liquid
? Other: _____

- ? Walking ? School bus
? Private auto
? Other: _____

PARENTS, PLEASE NOTE:

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 the reason of the field trip or excursion."
Accident insurance can be purchased for a minimal or daily rate by contacting the school.
I agree to direct my child to cooperate with directions and instructions of the school district personnel in charge of the activity.

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 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 for such treatment shall be my sole responsibility.

Students name
Home address
Home telephone number
Business telephone number of parent or guardian
Emergency telephone number
Authorization signature of parent or guardian
Date

? PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE IN THE SCHOOL (Form 34-EH-17 Rev, 4/95 C/C 966 121 8901