

**MADERA UNIFIED SCHOOL DISTRICT
MADERA HIGH SCHOOL**

Voluntary Field Trip Permission Form

Parent/Guardian & Teacher

I hereby grant permission for _____ ID# _____
(Student Name)

to participant in a field trip or activity to: _____
(Destination/Location)

Sponsored by _____ on _____
(Program/Club) (Date)

Leaving school at _____ and returning _____

Transportation will be provided by: _____ school bus _____ rented vehicle _____ private vehicles

Parent/Guardian Name Home Phone Cell Phone

Alternate Emergency Contact Name Home Phone Cell Phone

Student's specific medical needs, if any: _____

Primary Health Care Provider _____ Phone _____

Students Health Insurance Carrier _____ Policy & Group # _____

Authorization to Treat a Minor: In case of emergency, I consent to have my child treated at an emergency room or hospital. It is understood that an effort shall be made to contact the undersigned prior to the rendering of any treatment, but that treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Prescription or over-the-counter medication: I certify that I have on file with the school nurse, a current form stating all medications that my child must take.

Waiver of Claim: I understand that Education Code Section 35330(d) provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the District and its employees and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip. I therefore acknowledge that as a condition of my son/daughter participating in the said activity, I waive any and all claims against the school, its employees, the Madera Unified School District for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

Parent/Guardian Signature

ADVANCE TEACHER NOTIFICATION

Teacher signatures are required if trip is during school hours.

☐ Non Mandatory Activity ☐ Mandatory Activity **VP Initials:** _____

It is requested, that _____ be allowed to attend the above field trip.

Periods to be missed (*circle*): 1 2 3 4 5 6 *Your signature approves their absence from class.*

1 Subject _____ Signature: _____

2 Subject _____ Signature: _____

3 Subject _____ Signature: _____

4 Subject _____ Signature: _____

5 Subject _____ Signature: _____

6 Subject _____ Signature: _____