



# ALHAMBRA

## UNIFIED SCHOOL DISTRICT

### STUDENT PERMISSION FORM

STUDENT PARTICIPATION IN DISTRICT SPONSORED VOLUNTARY FIELD TRIP

PARENTAL PERMISSION, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION

DATE: \_\_\_\_\_

STUDENTS NAME: \_\_\_\_\_ has permission to participate in the following field trip:  
(PLEASE PRINT)

FIELD TRIP DESTINATION (Name of Location and Address)			
NATURE OF ACTIVITY (Explanation)			
SPECIAL INSTRUCTIONS (Example: Bring sack lunch)			
DEPARTURE DATE:		RETURN DATE:	
DEPARTURE TIME:		RETURN TIME:	
PERSON IN CHARGE		POSITION/SITE:	

**TYPE OF TRANSPORTATION (CHECK AS APPROPRIATE):**

DISTRICT BUS		PARENT DRIVING	
PUBLIC BUS		WALKING	
METRO/TRAIN		OTHER	

**HEALTH OR SPECIAL NEEDS: CHECK AS APPROPRIATE**

	My student has no special health needs the staff should be aware of, and no medication is required on the trip.
	My student has a special need, and instructions are attached. Number of pages:
	OTHER:



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In the event of illness or injury to my child, I do hereby consent to whatever x-ray, examination, anesthetic, medical, dental, or surgical diagnosis and/or treatment, emergency transportation and hospital care from a licensed physician and/or surgeon, or dentist as deemed necessary for my child.

I fully understand that my child is to abide by all rules and regulations of the District governing conduct during the trip.

Pursuant to California Education Code Section 35330, I agree to waive all claims against the Alhambra Unified School District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver, however, shall not apply to any injuries or damages that arise solely out of the negligence of the District, its employees or agents.

PRINT NAME (PARENT/GUARDIAN)	
SIGNATURE (PARENT/GUARDIAN)	
ADDRESS:	
HOME PHONE/MOBILE	
WORK PHONE:	
HEALTH INSURANCE COMPANY:	
POLICY NUMBER:	

**IN THE EVENT OF ILLNESS OR ACCIDENT, PLEASE NOTIFY:**

NAME:	
RELATIONSHIP:	
ADDRESS:	
HOME PHONE:	
WORK PHONE:	