

San Dieguito Union High School District Field Trip Permission Form

Name of Student: _____	Activity: _____
Activity Date(s) : _____	Location: _____
Departs/Returns: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> PM	Teacher: _____ Period: _____
Transportation: <input type="checkbox"/> School Bus/Van <input type="checkbox"/> Private Car <input type="checkbox"/> Charter Service <input type="checkbox"/> Walk	Driver: <input type="checkbox"/> School District Employee <input type="checkbox"/> Parent/Adult <input type="checkbox"/> Charter Service Employee <input type="checkbox"/> Student

I understand and agree that my participation in the activity or trip is not to be used as an excuse for absence other than for the period indicated above. I know that I am responsible for all class work missed. I understand and agree that I remain under the jurisdiction of the school district while participating in this off-campus activity and I will abide by all rules set forth by the faculty, principal, superintendent, or Board of Trustees.

Student Signature

ALL TEACHERS MUST GRANT APPROVAL FOR STUDENT TO PARTICIPATE IN TRIP OR ACTIVITY.

Per.	Class	Approve	Disapprove	Teacher Signature
1				
2				
3				
4				
5				
6				
7				

To Be Completed by Parent/

I, the undersigned, hereby grant permission for my child to participate in the above named activity.

In accordance with Education Code §35330, I, the undersigned, hereby RELEASE, DISCHARGE and HOLD HARMLESS the San Dieguito Union High School District, the Board of Trustees, its officers, employees and agents from all liability, including injury, death, or other damages, occurring in the course of or while traveling to or from the above named activity which my child may suffer or cause another person to suffer arising out of, or in connection with, or resulting from my child's participation in the above named activity.

In case of medical emergency, illness, or injury, the above named teacher or agent of the San Dieguito Union High School District has my express permission to take the above named student to a doctor or medical facility to receive emergency treatment pursuant to the following authorization:

I, the undersigned, parent/guardian of _____, a minor, do hereby authorize the faculty members of the San Dieguito Union High School District supervising the activity herein described, as my agent to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor under general or special supervision and upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The following health insurance coverage is in effect for my child:

Name of Insurance Carrier: _____ **Policy/ID #:** _____

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician, in the exercise of his best judgment, may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain in effect until the end of the current school year, unless sooner revoked in writing and delivered to said agent.

Parent/Guardian Signature Date Telephone Number