

FIELD TRIP PARENT/GUARDIAN CONSENT FORM

Student _____ School _____

Dear Parent/Guardian: Your consent is required for your child to participate in a District excursion/field trip. No student will be allowed to participate in the excursion/field trip without this signed permission slip.

Field Trip/Event/Destination: _____

Teacher _____

Single Day Field Trip Multiple Day Field Trip

<i>DEPARTURE</i>	<i>RETURN</i>
DATE: _____	DATE: _____
TIME: _____	TIME: _____

Transportation: Bus District Vehicle Walking Other _____

Student's Address _____

In case of emergency, I can be reached at _____, _____ or _____
Home Phone Business Phone Other Emergency Number

- I ***DO*** permit my child to go on this excursion/field trip. I hereby grant permission for the District to provide emergency medical treatment, if required, and I accept liability for such treatment.
- I ***DO NOT*** permit my child to go on this excursion/field trip. I understand that my child can receive an alternative instructional assignment (if appropriate).

HEALTH INFORMATION:

- Is your child on medication?
 - Type of Medication _____ When and how often taken: _____
 - Amount of dosage: _____
 - Please add information that you feel we need to know about your child's health: _____
 - Is there anything that may cause an allergic reaction, like a bee sting, penicillin etc? _____
 - Are there any physical defects or congenital illnesses that may endanger his/her activity or safety? _____
 - Do you have health/accident insurance? _____
- Company Name: _____ Group Number: _____

As stated in California Education Code Section 35330, I understand that I hold the Corona-Norco Unified School District its officers, agents and employees harmless from any and all liability and claims, which may arise out of or in connection with my child's participation in this activity.

Signature of Parent/Guardian _____

Date _____