

PARENT/GUARDIAN PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS SCHOOL-SPONSORED EVENTS

Student Name: _____ has my permission to take part in the field trip to _____ on date(s) _____

Sponsored by _____ Staff Member in charge _____

Transportation: ___contract bus ___ automobile ___ Other _____

If automobile, driver is: ___employee ___adult ___student

Name of driver: _____

I understand that all students going on this trip will be responsible in conduct to the bus driver, staff member, and/or adult volunteers. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on the trip.

Health Insurance Carrier covering the named student _____
I.D./Policy Number _____

Student Health needs or limitations, including allergies, asthma, etc., and any medications which the student is expected to self administer:

My son/daughter has no special health needs nor any special medication.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis, or treatment is advised by an attending physician, surgeon, or dentist or performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I understand that this trip ___does ___does not involve swimming or wading activities.

My son/daughter ___cannot swim ___weak swimmer ___average ___strong swimmer.

I ___do ___do not give permission for my son/daughter to participate in swim activities.

I fully understand that participants are to abide by all District policies and regulations governing conduct during the trip.

I hereby acknowledge that I have been advised that the activities involved in this field trip ___are ___are not considered by the District to be of "high risk" to the participants.

I grant permission for my son/daughter to participate in the field trip as outlined on this form. In granting permission, as stated in California Education Code 35330, I understand that I waive all claims and hold the Tamalpais Union High School District, its officers, agents and employees, and the State of California harmless from any and all liability or claims which may arise out of or in connection with my son/daughter's participation in this activity.

Parent/Guardian signature: _____ Date _____

Home Phone: _____ Work Phone: _____