

University Preparatory School

Student I.D.#: _____

Field Trip Permission

PAYMENT (CASH OR CHECK) AND PERMISSION SLIP DUE APRIL 7, 2017

Parental Permission

I hereby give my permission for _____ (print student name) to attend a voluntary school field trip as follows:

Description of Activity: 6th grade Shasta Caverns Field Trip

Date(s): Friday, May 5th **Location:** Shasta Caverns: Lakehead, CA

Period(s): 9:30AM-3:15AM **Supervising Staff Member:** Connie Hurley-Science Teacher

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and 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 I am responsible for any expense incurred as a result of obtaining the necessary medical care. Transportation is arranged in most cases. Students shall ride both to and from the event in District-approved transportation.

As stated in California Education Code Section 35330, I understand that I waive all claims against the Shasta Union High School District and University Preparatory School, its officers, agents and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the Shasta Union High School District and University Preparatory School, its officers, agents or employees.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent /guardian.

Parent Signature: _____

Phone(s): (Home) _____ (Emergency) _____

Insurance Company: _____

Policy/Group No.: _____

Family Doctor: _____ Phone Number: _____

*** A Special note to Parent:/Guardian:**

1. All medication(s) must be registered on the form.(list below)
2. All medication(s), except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.
3. _____ Check here if there are special problems that the staff should be aware of and no drugs are required on the trip.
4. If any medication(s) are to be taken by student, list here: (Name Reason)_____

If your son/daughter has a special medical problem, kindly attach a description of that problem to this sheet.

Students should bring a water bottle, a sack lunch, and snacks or a lunch ordered from school. Mark the box below if a school lunch will be needed.

My child will need to order a school lunch to take with him/her. Please write the student ID below:

STUDENT NAME: _____

STUDENT ID: _____