

POMONA UNIFIED SCHOOL DISTRICT
800 SOUTH GAREY AVENUE, POMONA, CA 91766

**STUDENT PARTICIPATION IN VOLUNTARY FIELD TRIP
PARENTAL PERMISSION, ASSUMPTION OF RISK, AND
MEDICAL TREATMENT AUTHORIZATION**

Name: _____ has my permission to participate in this field trip.

Destination/ Nature of Activity: _____
(Please be specific, e.g., Concert at Norwalk-La Mirada Arts Center, **address included**)

Special Instructions/Information: **TRANSPORTATION IS NOT PART OF THIS TRIP AND NO TRANSPORTATION IS PROVIDED FOR THIS EVENT/ACTIVITY. PARENTS/GUARDIANS ARE SOLELY RESPONSIBLE FOR TRANSPORTATION OF THEIR CHILD(REN). SUPERVISION WILL BE PROVIDED ONLY AT THE DESTINATION AND ONLY DURING THE SPECIFIED TIMES AS DEFINED FOR THIS EVENT/ACTIVITY PARENTS/GUARDIANS MUST AGREE THAT THEY WILL TIMELY DELIVER AND PICK UP FROM THE EVENT/ACTIVITY.**

Other Special Instructions/Information _____
(e.g., **Address of event**, Bring sack lunch, etc.)

Scheduled Arrival (Drop off at Event) **Departure (Pick up from event)**
Date: _____ Time: _____ Date: _____ Time: _____

Person in Charge: _____ Position: _____

Health or special needs: Check as appropriate.

<input type="checkbox"/> My student has no special health needs the staff should be aware of, and no medication is required on the trip. <input type="checkbox"/> My student has a special need, and instructions are attached. Number of attached pages: _____ <input type="checkbox"/> Other: _____

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 considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. I further understand and consent that there will be periods of time during this activity when my son/daughter will be without direct District supervision. **I understand and agree that it is my responsibility to transport my child(ren) to/from this event including timely drop off and pick up as defined.**

As provided for in California Education Code Section 35330, I agree to waive all claims against the 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 shall not apply to any occurrences, which may arise solely out of the negligence of the District, its employees or agents.

Signature (Parent/Guardian) (Please Print Name) Work Phone () _____
Home Phone () _____

Date: _____

(Student's Signature) (Date of Birth)

Family Medical Insurance Carrier: _____ Policy Number: _____

In the event of an emergency, please contact:

Name Relationship Work Phone () _____
Home Phone () _____