



720 Santa Barbara Street
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SBUnified.org

**SENIORS - Parent/Guardian MUST sign (even if the student is 18 years old and has permission to write notes).
Mr. Woodard/Mr. Holdren must clear all exceptions.
NO PERMISSION SLIP = NO GRAD WEEK ACTIVITIES**

**PARENTAL AUTHORIZATION TO PARTICIPATE IN DISTRICT APPROVED OFF-CAMPUS ACTIVITIES
WITHIN THE STATE OF CALIFORNIA**

I, the undersigned, am parent/legal guardian having custody of _____ a minor pupil at Dos Pueblos High School. I hereby give my permission for said student to participate in an off-campus excursion/activity within the State of California. By signing below I agree that I am responsible for picking up my student from Universal Studios (Hollywood) or the Los Angeles Police Department should my student violate any rules/regulations of the school district and related board policies or rules and regulations of Universal Studios.

Senior Activities for 2022: Tuesday, May 31 – Senior BBQ; Wednesday, June 1 – Zodo’s Bowling (tentatively); Thursday, June 2 – Senior Breakfast; Saturday, June 4 – Disneyland CA Adventure Grad Night (return approx. 5:00 a.m. June 5)

I understand that the Santa Barbara Unified School District does not purchase, or have, medical/dental/hospitalization insurance to cover injuries to, or losses of life of pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent/guardian.

I understand that the Education Code Section 35330 provides, in part, as follows: “All persons making the field trip or excursion shall be deemed to have waived all claims against the district, or the State of California, for injury, accident, illness, or death occurring during, or by reason of, the field trip or excursion.”

Signed _____ Date _____

***DRUGS, ALCOHOL, TOBACCO AND CONTROLLED SUBSTANCES:** A student involved in the possession, use, sale or provision of drug use paraphernalia, drugs, alcohol, tobacco or other controlled substances as defined in the Health and Safety Code Section 11007, will be suspended. (Santa Barbara School District Administrative Regulation 5114) The student will be suspended from extracurricular participation/senior activities, Grad Bash and/or graduation (for the remainder of the school year). Diplomas may be held until consequences/suspension requirements are met.

PARENT SIGNED CONSENT FOR EMERGENCY MEDICAL AND SURGICAL AID

I, the undersigned, hereby give my permission for my student _____ to be given medical treatment by a physician, or qualified attendant, at an emergency room, in case of injury or any situation that would require medical attention, during or by reason of the field trip or excursion.

It is understood that a conscientious effort must be made to notify me, or my spouse, before such action is taken, but if it is impossible to locate me, the expense of this service will be accepted by me.

Signed _____ Date _____

Does student take medication? _____ What? _____

Does student have (circle)? Allergies / asthma / seizures / heart murmur / broken bone / diabetes / recent surgery or hospitalization

Note any medical information that may be needed: _____

Student’s Birth date _____ Last Tetanus Shot _____

Doctor’s Name _____ Doctor’s Phone # _____

Parent/Guardian Name _____

Address _____ Phone # _____

Parent/Guardian (1) Alternate Phone # _____

Parent/Guardian (2) Alternate Phone # _____