

Mt. Diablo Unified School District
MIDDLE SCHOOL FIELD TRIP PERMISSION SLIP

School site: _____

I grant permission for my child/ward _____
Name of Student (Please Print)

to participate in a field trip to _____
Place/Activity/Event

on the following date(s): _____

Approximate time scheduled to return to school: _____

Class or group attending: _____

Educational purpose: _____

Name of teacher: _____

Method of transportation: _____

Student's specific medical needs, if any: _____

Name of medical provider: _____ Telephone number: _____

Emergency notification number for parent: _____

Alternate emergency name & telephone number: _____

AUTHORIZATION TO TREAT MINOR: In the event that I cannot be reached in an emergency, I hereby give my permission to call 911 and/or to contact a medical facility or physician selected by the school staff to secure proper treatment for my child and that I will be responsible for said expense.

Prescription or over-the-counter medication: *I certify that I have on file in the school office, a current form stating all medications that my child must take.*

I HAVE READ AND HEREBY CERTIFY THAT THE ABOVE-LISTED INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER AGREE TO THE TERMS AND CONDITIONS LISTED ON THE REVERSE SIDE OF THIS PERMISSION SLIP.

Parent/guardian signature: _____

Parent/guardian name (please print): _____

Teacher Acknowledgement of Student Absence

Teacher Approval:

_____	Subject _____	Period A
_____	Subject _____	Period 1
_____	Subject _____	Period 2
_____	Subject _____	Period 3
_____	Subject _____	Period 4
_____	Subject _____	Period 5
_____	Subject _____	Period 6
_____	Subject _____	Period 7

(Continued on reverse side)

- I understand that my child has received staff and district approval to participate in a field trip. Under the California Educational Code and Board of Education policy, teachers and support staff may take students on field trips to enrich and complement their educational experience. Such trips, which may include overnight, out-of-state, and/or out-of country travel, are always under the direct supervision of at least one teacher and all precautions are taken to ensure each student's welfare.
- I understand that this field trip is optional and a voluntary activity. Attendance by my child is **not** required and that an alternative activity at school will be provided if my child does not participate.
- Class attendance is important. Many teachers incorporate attendance and daily class participation within their grading policies. Field trips are also an important part of the curricula. You need to understand that students are responsible for all missing work. He or she must take the initiative in obtaining missing assignments and submitting completed assignments. Although teachers will, of course, make every effort to assist students who are absent, they cannot deliver individual lectures or demonstrations, instruction or labs to accommodate absenteeism. Grades and class attendance are often directly proportional.
- I understand that all students going on this trip will be responsible in conduct to the bus driver, teacher, chaperones and, if applicable, adult sponsors, at all times. I understand that ALL CHAPERONES WILL BE 21 YEARS OF AGE OR OLDER.
- I understand that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to **in writing** by the principal or site administrator.
- I understand that all field trips will begin and end at the school of origin unless I have made prior arrangements to pick up my child or have my child dropped off at an alternative location. I understand that I must inform the school of these arrangements in writing on or before the day of the field trip.
- I hereby acknowledge that I have been advised whether or not the activities involved in this field trip, excursion or event are considered by the district to be of "high risk" to the participants.
- The district does **not** provide students with field trip accident insurance. Parents who do not have medical insurance that covers their children are strongly advised to consider alternative student accident insurance that is available. Information is routinely sent to parents at the beginning of each school year. This insurance is from a private vendor and the district does not sell this insurance and makes no warranty as to the extent of the coverage.
- It is understood and agreed that this field trip shall constitute a field trip for purposes of the application of *California Education Code Section 35330* waiver provided below.

WAIVER OF CLAIM

I understand that *California Education Code* Section 35330(d) provides that all persons participating in a field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, illness or death occurring during or by reason of the field trip or excursion. I, the undersigned, the parent or legal guardian of the above named participant, acknowledge that as a condition of my son/daughter/ward participating in said activity, agree to indemnify and hold harmless the school, its employees and volunteers, the Mt. Diablo Unified School District, its governing board, the individual members thereof, and all other district officers, agents and employees from any liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney's fees) for any harm, injury or death arising out of the above-named field trip.