

San Mateo Union High School District

Parental Consent for Student to Participate in a School Sponsored Field Trip

STUDENT NAME: _____ I.D. #: _____ GRADE: 9 10 11 12

FIELD TRIP TITLE: _____ SCHOOL: _____

GOVERNING ALL SCHOOL SPONSORED FIELD TRIPS:

1. All trips leave from and return to the school. Students are responsible for their own transportation from the school to their homes after the trip.
2. Students will return on the bus or in the car with the faculty member or approved school volunteer aide with whom they left the school.
3. Under **NO** circumstances are students allowed to drive other students to or from the field trip location.
4. All students will remain with group at all times.
5. School regulations concerning student dress will be observed on the trip unless students are instructed otherwise by the faculty member in charge.
6. Students will observe all school rules and regulations concerning behavior.
7. The faculty member in charge will establish trip rules, which will be observed by all students.
8. Parents/guardians approval is required for the student to participate in the trip.

FIELD TRIP INFORMATION:

Trip to: _____ Date(s): _____

Depart Time: _____ Return Time: _____ Periods Missed: 0 1 2 3 4 5 6 7

California Education Code 35330.4(d), when you give your written permission that your student may go on a field trip, you 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 fieldtrip.

PART 1: PARENT/GUARDIAN CONSENT (TO BE COMPLETED AND RETURNED THREE WEEKS BEFORE DATE OF THE TRIP)

I _____
[Print name of Parent/Guardian] have read and understand all the stipulations above concerning this field trip and hereby give my permission for _____
[Print name of Parent/Guardian] to attend and participate in said field trip and waive 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. Please note that all adults, not regularly employed by the District, and all 18 year olds accompanying the trip are required to sign the waiver.

PLEASE COMPLETE THE FOLLOWING EMERGENCY CONTACTS (PLEASE PRINT CLEARLY):

Parent/Guardian: _____ Home Phone: (____) _____ Cell/Work Phone: (____) _____

Parent/Guardian: _____ Home Phone: (____) _____ Cell/Work Phone: (____) _____

DESCRIBE ANY SIGNIFICANT HEALTH CONDITION: _____

In the event that I cannot be reached in an emergency, I hereby give permission to the Health Care Provider selected by the District staff to secure proper treatment for my student.

PLEASE NOTE: If your student requires any medication during the field trip, Medication Authorization Form (#157) is required to be completed by both Health Care Provider and parent/guardian and submitted with this consent form.

 Signature of Parent/Guardian & Date

 Signature of Student & Date

PART 2: STUDENT REQUEST FOR APPROVAL OF ABSENCE (TO BE PRESENTED ONE WEEK IN ADVANCE OF THE SCHEDULED FIELD TRIP).

PERIOD	CLASS	COMMENT	YES OR NO	TEACHER'S SIGNATURE
0				
1				
2				
3				
4				
5				
6				
7				

Academic/Behavior/Eligibility Check:

Approved Not Approved

 [Administrative Signature]

The student is responsible for completing this Approval of Absence on week in advance of the field trip. Students are urged to make up all work for classes BEFORE the field trip occurs and to make arrangements for makeup tests (if applicable) at the time this form is completed.