

## PARENT/GUARDIAN PERMISSION FOR STUDENT PARTICIPATION IN OFF CAMPUS SCHOOL SPONSORED EVENTS

Student Name \_\_\_\_\_ has my permission to take part in the  
(please print)

field trip to \_\_\_\_\_ on date(s) \_\_\_\_\_

Sponsored by \_\_\_\_\_ Staff Member in Charge \_\_\_\_\_

Transportation:  contract bus  automobile  other: \_\_\_\_\_

If automobile, driver is:  employee  adult  student

Name of driver: \_\_\_\_\_

I understand that all students going on this trip will be responsible in conduct to the bus driver, staff member and/or adult volunteers. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on this trip.

➔ Student Health Insurance Carrier \_\_\_\_\_

➔ I.D./Policy Number \_\_\_\_\_

➔  My student has **no** special health needs nor any special medication.

➔ Student Health needs or limitations, including allergies, asthma, etc., and any medications which the student is expected to self-administer: \_\_\_\_\_

➔  In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis, or treatment is advised by an attending physician, surgeon, or dentist or 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 this trip:  does  does not involve swimming or wading activities

➔ I  do  do not give permission for my student to participate in swim activities.

My student:  cannot swim  weak swimmer  average swimmer  strong swimmer

➔  I fully understand that participants are to abide by all District policies and regulations governing conduct during the trip.

➔  I hereby acknowledge that I have been advised that the activities involved in the fieldtrip  are  are not considered by the District to be of "high risk" to the participants.

I grant permission for my student to participate in the field trip as outlined on this form. In granting permission, as stated in California Education Code 35330, I understand that I waive all claims and hold the Tamalpais Union High School District, its officers, agents and employees, and the State of California harmless from any and all liability or claims which may arise out of or in connection with my student's participation in this activity.

Name: Parent/Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
(please print)

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

TAMALPAIS UNION HIGH SCHOOL DISTRICT

Larkspur, California