

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

Student Name _____ has my permission to take part in the field trip
(please print)

1. TO: _____ date _____
2. TO: _____ date _____
3. TO: _____ date _____
4. TO: _____ date _____
5. TO: _____ date _____

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 week 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 field trip
 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