

**PUPIL WALKING EDUCATIONAL TRIP PERMIT
AND MEDICAL AUTHORIZATION**

(To be completed by parents, guardian or caregiver)

School Telephone

Dear Parent/Guardian/Caregiver,

During the year there are times when children will profit by observing activities or participating in learning experiences which are within walking distance of the school. All such experiences relate to the instructional program. Pupils may observe interesting animals, trees, plant growth or visit the nearby library, park, etc. Pupils will use what was seen or heard in language arts discussions, art, music, science, or social science.

These activities may occur at any time during the school year. You may be notified of specific dates should such a trip be offered.

If you approve of your child participating in walking trips, please sign the necessary information below.

Sincerely,

Teacher

(Please detach and return bottom portion to teacher)

PUPIL WALKING EDUCATIONAL TRIP PERMIT

I hereby give my permission for _____ to participate in walking trips during the present school year.
Pupil's name (print)

MEDICAL AUTHORIZATION

We (I) are (am) aware and acknowledge that any activity covered by this permission slip, by its very nature, poses the potential risk of injury/illness to the individuals who participate. For and in consideration of the opportunity for our (my) child/ward to participate in the activities covered by this permission slip, we (I) do hereby agree as follows:

1. 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.
2. In the event of illness or injury, we (I) consent to all routine and/or emergency medical treatments and/or services prescribed by the attending physician, surgeon, or dentist, and to the administration and performance of all examinations, treatments, anesthetics, operations, and other procedures which are deemed necessary or advisable by the attending physician at the scene and/or at the hospital or other medical facility.
3. That we (I) are (am) solely financially responsible for any cost and/or all indebtedness incurred as a result of any emergency and/or routine medical surgical treatments and services prescribed by the attending physician for my child/ward, including all charges not covered by insurance.
4. To indemnify and hold harmless the Burbank Unified School District, its officers, employees, agents, representatives, and volunteers from each and every claim or demand made, and each and every liability, action, loss, debt, or damage which may arise by or in connection with, or result from, any routine and/or emergency medical services and participation of our (my) child/ward in any activities covered by this permission slip.
5. We (I) fully understand that all persons making the field trip or excursion are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in the individual being sent home at the expense of his/her parent/guardian.
6. Our (My) child/ward has a special medical condition and/or physical disability diagnosed by a physician. A description of that medical condition and/or physical disability is attached hereto.

Parent/Guardian/Caregiver (please print) _____ Signature _____ Date _____

Home Telephone No.: _____ Business Telephone No.: _____

Emergency/contact if I cannot be reached _____
Name Phone No.

Address: _____

PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE IN THE SCHOOL.

Note: This form must be kept with the teacher during each walking field trip, and a copy must be kept on file at the school site.