



Central Unified School District
VOLUNTARY EXCURSION / FIELD TRIP NOTICE / PERMISSION

FOR SCHOOL USE ONLY

TEACHER Brooks/Lynd/Isaac

Dear Edmunds/Holtermann/ Rubio-Zarate
 PRINCIPAL

_____ has my permission to participate in the following voluntary activity:
 STUDENT NAME _____

Fresno Area College Night @ FRESNO CONVENTION CENTER EXHIBIT HALL (Leaving from Central East Cafeteria)

Departure date and time: Wed. 9/11/24 5:30 pm (CEHS Cafe) Return date and time: Wed. 9/11/24 7:45 pm (CEHS Cafe)

I understand that the law states in California Education Code Section 35330, that the Central Unified School District, its officers, agents and employees are held harmless from liability or claims which may arise out of or in connection with my child's participation in this activity. I also understand that as the parent/guardian, I am fully responsible for the action and behavior of my child/ward.

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist of the hospital or facility furnishing medical or dental services.

Transportation will be by: ☒ District Bus ☐ Charter Bus ☐ District Van ☐ Private vehicle

EMERGENCY CONTACT PERSONS

1. _____ NAME	_____ DAYTIME PHONE NUMBER	_____ NIGHTTIME PHONE NUMBER
2. _____ NAME	_____ DAYTIME PHONE NUMBER	_____ NIGHTTIME PHONE NUMBER
3. _____ NAME	_____ DAYTIME PHONE NUMBER	_____ NIGHTTIME PHONE NUMBER

Note to parent/guardian:

1. If your son or daughter has a special medical problem, kindly attach a description of that problem to this sheet.
2. All medications must be registered on this form
3. All medications, excepting those which must be kept on the student's person for emergency use must be kept and distributed by the staff
4. If any medications are to be taken by the student, please list them here:

NAME OF MEDICATION(S) AND REASON(S) FOR TAKING

As parent/guardian, I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

Parent / Guardian Signature: _____ Date: _____

Address: _____ Phone: _____

01/17/07-kdd

RETURN THIS FORM TO YOUR CAREER CENTER BY FRIDAY, SEPTEMBER 6, 2024