CUSD #207

Carmel Unified School District

Consent for School Sponsored Field Trip

STUDENT PARTICIPANTS

Dear Parent/Guardian: This form serves as a permission slip for a specific field trip. The field trip is voluntary. If the trip takes place during school hours and you do not consent to your child's participation in the trip, an alternative educational activity will be provided for your child at school.

PLEASE COMPLETE AND RETURN TO THE SPONSORING TEACHER

Student's Name: _____
has my permission to participate in the following authorized field trip or voluntary activity:

Destination: _____

Mode of Transportation: _____ (District Vehicle/Private Vehicle) Driver(s): _____ (District Employee/Volunteer Parent/Guardian)

Cost to Student: $_____* Does the Field Trip Include Swimming or Wading? ☐ Yes ☐ No

Departure Date and Time: _____

Return Date and Time: _____

Sponsoring Teacher: _____ Class: _____

☐ *Check here if you are interested in information about a scholarship

I am aware that during any field trip certain dangers may occur, including, but not limited to, the hazards of accidents or illness in places without medical facilities; hazards created by the forces of nature, and hazards of travel by air, train, bus, automobile, and other means, including walking.

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 and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330: All persons making the field trip or excursion are deemed to have waived all claims against the District or the State of California for any injury, accident, illness or death occurring during or by reason of the field trip or excursion.

Pursuant to California Education Code Section 39875, where the District has not otherwise been able to secure a van driver who meets all requirements of that statute through reasonable efforts, participants may be transported by District employees.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. I also understand that the belongings and luggage of secondary students may be subject to inspection by non-aggressive dogs specially trained to detect illegal substances. Any violation of these rules and regulations may result in that individual being sent home at his/her and/or parents' expense and appropriate disciplinary action.

☐ Check here if you are interested in having a school lunch provided for your student on this field trip. Please bring $4.00 for a regular lunch. Students on free lunch will be provided a lunch at no charge if they wish.

PLEASE COMPLETE BOTH SIDES

CUSD #207

_____ _____
Name of Student Date of Birth

Emergency Contact Numbers **(Can be parent(s)/guardian(s))**

Name	Relationship	Phone

REQUIRED – PLEASE CHECK **AT LEAST ONE, AND SIGN BELOW**:

☐ Check here if your student has **NO** health concerns or information we need to be aware of on this trip.

☐ Check here if your student has any health needs or requirements we need to be aware of ie special meals, allergies, etc… (Please note below in comments section)

☐ Check here if your student requires medication during this field trip. (CUSD Form #304 must be already on file, or completed prior to the trip. This applies to both prescription and over the counter medications. Contact your school's health office for questions**)

NOTE: If your child is to take medication while on the trip, California Education Code requires:

1. Permission by parent and instructions from the doctor must be provided for each medicine, which is what completing Form #304 will do for the student.
2. The medicine(s) must be brought into the health office prior to the trip (if they are not already there) in a pharmacy-labeled container or original container to be stored and administered by school personnel.
3. Only epi-pen, diabetes supplies and inhalers can be self-carried by student on the trip.

Comments –

_____

_____

_____

FOR WATER FIELD TRIPS ONLY – PLEASE CHECK **AT LEAST ONE**:

☐ Yes, my child may participate in swimming or wading. Describe the student's swimming ability: _____

_____

☐ No, my child does not have permission to swim or wade.

_____ _____ _____
Signature of Parent/Guardian **Date** **Phone Number**

**Health Office Contact Phone Numbers

Carmel River Elementary School - (831.624.4609)
Tularcitos Elementary School - (831.620.8195)
Captain Cooper Elementary School - (831.667.2452)
Carmel Middle School - (831.624.2785)
Carmel High School - (831.624.1821)
Carmelo Child Development - (831.624.8047)

Rev – 6-30-25 Mg