JEFFERSON ELEMENTARY SCHOOL DISTRICT

1219 Whispering Wind Drive, Tracy, CA 95377
(209) 836-3388

PARENT PERMISSION SLIP FOR SCHOOL-SPONSORED TRIP

Dear Parent/Guardian:

Your child has an opportunity to participate in a field trip to:

Destination: _____

Location: _____

Purpose: _____

Date of Field Trip: _____ Approximate Departure: _____ Approximate Return: _____

☐ Bring Sack Lunch ☐ Transportation will be furnished by a school bus ☐ Parent Volunteers

_____ _____ _____
School Name Teacher's Name Teacher's Signature

I am aware that during any field trip or excursion 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 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, I understand and do hereby assume all of the above mentioned risks will hold the **JEFFERSON ELEMENTARY SCHOOL DISTRICT,** its officers, agents, and employees, harmless from any and all liability or claims whatsoever, which may arise out of or in connection with a trip or thereof shall serve as a release and assumption of risk for my heirs, executor, and administrators, and for all members of my family.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at his/her and/or parents' expense.

A special note to Parents/Guardians:

(1) All medications or drugs must be registered on this form;
(2) All medications or drugs, excepting those for which special arrangements have been made with the trip supervisor, must be kept and distributed by the staff;
(3) If any medications or drugs are to be taken by students, list them here;
Name of drug and reason _____
If your son/daughter has a special medical problem, kindly attach a description of the problem to this sheet.
The following information is not required, but would be very helpful in an emergency:
(4) (_____) Check here if there are no special problems that the staff should be aware of and no medications or drugs are required on the trip.

_____ _____ _____
Family Member Insurance Carrier Address Phone#

_____ _____
Group Number Policy Number

_____ _____ _____ _____
Signature of Parent/Guardian Address Phone# Date

_____ _____
Student's Name Grade

Adopted: December 11, 2001
Revised: January 15, 2026