

# San Dieguito Union High School District Field Trip Permission Form

3541.1 / AR-2 Attachment  
6153.1 / AR-2 Attachment

<b>Name of Student:</b> _____	<b>Activity:</b> <u>Disneyland-8th grade trip</u>
<b>Activity Date(s):</b> <u>Thursday, June 15th, 2017</u>	<b>Location:</b> <u>Disneyland: Anaheim, CA</u>
<b>Departs/Returns:</b> <u>7:40</u> <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM <u>7:30</u> <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	<b>Teacher:</b> <u>Ruecker/Camacho</u> <b>Period:</b> <u>1-6</u>
<b>Transportation:</b> <input checked="" type="checkbox"/> School Bus/Van <input type="checkbox"/> Private Car <input type="checkbox"/> Charter Service <input type="checkbox"/> Walk	<b>Driver:</b> <input checked="" type="checkbox"/> School District Employee <input type="checkbox"/> Parent/Adult <input type="checkbox"/> Charter Service Employee <input type="checkbox"/> Student

I understand and agree that my participation in the activity or trip is not to be used as an excuse for absence other than for the period indicated above. I know that I am responsible for all class work missed. I understand and agree that I remain under the jurisdiction of the school district while participating in this off-campus activity and I will abide by all rules set forth by the faculty, principal, superintendent, or Board of Trustees.

\_\_\_\_\_ **Student Signature**

**ALL TEACHERS MUST GRANT APPROVAL FOR STUDENT TO PARTICIPATE IN TRIP OR ACTIVITY**

Per.	Class	Approve	Disapprove	Teacher Signature
1				
2				
3				
4				
5				
6				
7				

**To Be Completed by Parent/Guardian:**

I, the undersigned, hereby grant permission for my child to participate in the above named activity.

In accordance with Education Code §35330, I, the undersigned, hereby RELEASE, DISCHARGE and HOLD HARMLESS the San Dieguito Union High School District, the Board of Trustees, its officers, employees and agents from all liability, including injury, death, or other damages, occurring in the course of or while traveling to or from the above named activity which my child may suffer or cause another person to suffer arising out of, or in connection with, or resulting from my child's participation in the above named activity.

**EMERGENCY: In an emergency, I give my consent: For family physician, EMT and/or hospital to provide emergency treatment to my son/daughter:**     No     Yes

Student has medical insurance?     No     Yes    Medical insurance in: Father's name     Mother's name

Medical Insurance Carrier: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Insurance Contact Number(s): \_\_\_\_\_

\_\_\_\_\_ **Parent/Guardian Signature**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Telephone Number**