



Shasta Union High School District

Field Trip Permission

Student I.D.#: _____

EHS FHS PHS SCA SHS Other: _____

Parental Permission:

I hereby give my permission for _____ (print student name) to attend a voluntary school field trip as follows:

Description of Activity: _____

Date(s): _____ **Period(s):** _____ **Location:** _____

Supervising Staff Member(s): _____ Supervising Staff Member Signature: _____

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. I understand that I am responsible for any expense incurred as a result of obtaining the necessary medical care. Transportation is arranged in most cases. Students shall ride both to and from the event in District-approved transportation.

As stated in California Education Code Section 35330, I understand that I waive all claims against the Shasta Union High School District, its officers, agents, and employees for any injury, accident, illness, or death occurring during or by reason of this field trip or excursion, including acts of negligence by the Shasta Union High School District, its officers, agents or employees.

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 the expense of his/her parent /guardian.

Parent Name: _____ Parent Signature: _____

Phone(s): (Primary) _____ (Emergency) _____

Insurance Company: _____

Policy/Group No.: _____

Family Doctor: _____ Phone Number: _____

**** A Special note to Parent/Guardian:***

1. All medication must be registered on the form. (listed in #4)
2. All medication, except those which must be kept on the Student's person for emergency use, must be kept, and distributed by the staff.
3. _____ Check here if there are special problems that the staff should be aware of and no medications are required on the trip.
4. If any medications are to be taken by the student, list them here: _____

**If your son/daughter has a special medical problem, kindly attach a description of that problem to this sheet.*

Teacher Acknowledgement:

If the **Yes** box is checked and has the teacher's signature, this acknowledges that the student has made satisfactory arrangements for class assignments and make-up work. If the **No** box is checked, this acknowledges that the student **has not** made satisfactory arrangements for class assignments and make-up work. Teacher: Check Yes, or No then sign. After all, signatures are obtained; final approval will be given or denied by an administrator.

	Yes	No	Teacher Signature		Yes	No	Teacher Signature
Period 0				Period 4			
Period 1				Period 5			
Period 2				Period 6			
Period 3				Period 7			

Administrator: _____

Attendance Office: _____

Teachers: Note that although this is an excused absence, the student should be marked absent. It will be cleared by attendance.