

LOS ANGELES UNIFIED SCHOOL DISTRICT
**PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD TRIP
AND AUTHORIZATION FOR MEDICAL CARE**

To the Principal of El Camino Real High School School

_____ has my permission to participate in the
(Student's Name)
field trip to All Marching Band Activities on Multiple
Date(s)
Departure Varies Return Varies
Supervising Teacher Galene Martinez

METHOD OF TRANSPORTATION

No meals provided.

- Walking School bus
- Private auto
- Other _____

PARENTS, PLEASE NOTE:

Section 35330 of the California Education Code states in part :

"All persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

Accident Insurance can be purchased for a minimal daily rate by contacting the school.

I agree to direct my child to cooperate with directions and instructions of the school district personnel in charge of the activity.

Parent's or guardian's permission signature

Date

AUTHORIZATION FOR MEDICAL CARE

Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

Student's name

Home address

Home telephone number

Business telephone number of parent or guardian

Emergency telephone number

Authorization signature of parent or guardian

Date

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE IN THE SCHOOL.