

E(3) 6153

PARENT/GUARDIAN PERMISSION FOR STUDENT PARTICIPATION IN OFF CAMPUS SCHOOL

SPONSORED EVENTS

Student Name _____ has my permission to take part in the field trip to _____ on date(s) _____

Sponsored by _____ Staff Member in charge _____

Transportation: contract bus automobile Other _____

If automobile, driver is: _____ employee _____ adult _____ student

Name of driver: _____

I understand that all students going on this trip will be responsible in conduct to the bus driver, staff member, and/

or adult volunteers. It is further understood that students will go and return from the event on the transportation

provided and that every reasonable caution will be maintained on the trip.

→ Health Insurance Carrier covering the named student _____

→ I.D./Policy Number _____

→ Student Health needs or limitations, including allergies, asthma, etc., and any medications which the student is expected to self administer: _____

→ _____ My son/daughter has **no** special health needs nor any special medication.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical,

or dental diagnosis, or treatment is advised by an attending physician, surgeon, or dentist or 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 this trip _____ does / _____ does not involve swimming or wading activities.

→ My son/daughter _____ cannot swim _____ weak swimmer _____ average swimmer _____ strong swimmer.

→ I _____ do / _____ do not give permission for my son/daughter to participate in swim activities.

I fully understand that participants are to abide by all District policies and regulations governing conduct during

the trip.

→ I hereby acknowledge that I have been advised that the activities involved in this field trip _____ are / _____ are not considered by the District to be of "high risk" to the participants.

I grant permission for my son/daughter to participate in the field trip as outlined on this form. In granting permission, as stated in California Education Code 35330, I understand that I waive all claims and hold the

Tamalpais Union High School District, its officers, agents and employees, and the State of California harmless

from any and all liability or claims which may arise out of or in connection with my son/daughter's participation

in this activity.

* Parent/Guardian signature Date _____

* Home Phone _____ Work Phone _____