

* Only sign it student wants to participate in this optional field trip.
 * Return to Tamiscal Main Office if signed

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 Phoenix Lake Mountain Bikeride on date(s) 4/22/14
 Sponsored by Tamiscal HS Staff Member in charge Patchen Horvitz
 Transportation: contract bus automobile Other Bike
 If automobile, driver is employee adult student
 Name of driver n/a

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 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 _____

TAMALPAIS UNION HIGH SCHOOL DISTRICT
 Larkspur, California