

Pierce Joint Unified School District
PERMISSION SLIP & CONSENT TO TREAT
FIELD TRIP/SCHOOL ACTIVITY

Name of Student: _____ has the opportunity to take part in a series of school activities away from school. Participation in these events is purely voluntary and requires your written permission. If you approve the following arrangement, please sign at the bottom and return the form to the trip supervisor or coach.

Nature of Activity: _____ *Destination: _____

Date: _____ Departure Time: _____ Return Time: _____

PARENT PERMISSION AND EMERGENCY MEDICAL RELEASE

Transportation: I understand that students must use the means of transportation checked below both to and from the event, unless written permission by parent/guardian is presented to school officials prior to departure. I further understand that every reasonable caution will be maintained on the trip.

District-owned Bus District-owned vehicle Private Vehicle Walking

Other: _____

Trip Supervisor: _____

I am aware of my child's grades and allow him/her to attend this field trip. I understand that all students going on this trip will be responsible in conduct to the bus driver and to teachers or adult supervisors. It is further understood that should my child misbehave, I may be required to come and pick him/her up.

I am aware that California Education Code 35330 provides in part that: All persons making the field trip or excursion 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. I further agree in the case of medical emergency, illness, or injury that the supervisor has my express permission to take the above-named student to a doctor or medical facility to receive emergency treatment.

Parent/Guardian Name (please print): _____

_____ Date: _____ Phone: _____

Parent/Guardian Signature

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW: _____

EMERGENCY PHONE NUMBERS: _____

Insurance information must be provided:

Medical Insurance Carrier: _____

Policy Number: _____

Address: _____

This form will be kept by the supervisor at all times during the activity.

*** For schedule of events (if more than one event) see attached sheet.**