

Miller Creek Middle School
(415) 492-3760

FIELDTRIP PERMISSION FORM

ACTIVITY: _____

DATE OF ACTIVITY _____ LOCATION _____

Students will be traveling by: BUS _____ PRIVATE VEHICLE _____

Departure from school _____ Arrive back at school _____

STUDENT'S NAME _____ GRADE _____ BIRTHDATE _____

SPECIAL HEALTH CONDITION/S (Be very specific) _____

Allergies (environmental and/or drug): _____

Medication/s: _____ Asthma: _____

Please circle the best contact phone # on the date of the field trip:

PARENT/GUARDIAN'S NAME _____ HOME: _____

Best numbers to reach you _____ CELL: _____

WORK: _____

ADDRESS _____

PERSON/S (OTHER THAN PARENT) TO NOTIFY IN CASE OF EMERGENCY:

NAME _____ PHONE _____

I, the parent/guardian of the above named student hereby give my permission for his/her participation in the **voluntary activity** named above.

As stated in California Education Code Section 35330, and attested by my signature below, I understand that all *persons making the field trip or excursion shall be deemed to have waived all claims against the district (Dixie School District) or the state of California for injury, accident, therefore, that I hold the Dixie School District, its officers, agents, and employees harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.*

In the event of illness of 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 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.

Parent/Guardian's signature _____ Date _____