



_____ School

To Be Completed By
_____/_____/_____
Date

TO WHOM IT MAY CONCERN:

I hereby grant permission for _____
(Student Name) (Student No.)

to participate in a field trip or activity to: _____

Sponsored by _____
(Teacher/Group/Adult)

On _____ leaving school at _____ and returning _____

I understand this trip is optional and attendance by my child is not required. Transportation for the Activity will be provided by:
_____ School Bus _____ Private Vehicle _____ Other

If Private Vehicles are used, I give permission for my student to (Check all that Apply)
_____ Drive _____ Ride with another Student _____ Ride with parent _____ Ride with Teacher

I understand that this is a school-sponsored trip and all school rules and guidelines Apply.
If private Vehicles are used, the Personal Vehicle use form MUST be completed.

I understand that all students participating this trip will be responsible in conduct to the driver and to the teachers or adult sponsors at all time. It is further understood that students are required to go and return from this event on the transportation provided, unless prior arrangement have been made.

Authorization to treat a minor: In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the school staff to secure proper treatment for my child.

I understand that Education Code Section 35220 provides that all persons making a 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, and I therefore acknowledge that as a condition of my son/daughter participating in the said activity, I waive any and all claims against the Sequoia Union High School District for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

Date: _____ Parent/Guardian _____

If your son/daughter will be driving, please read and sign the following:

I give my permission to my son/daughter to drive my/our private automobile to the schedule activities, and I will permit him/her to transport other students to the scheduled activities. In compliance with vehicle code section 16451, I possess an owner's policy of motor vehicle liability insurance of at least the amount required by law. I further certify that my automobile meets the safety standards of the California Highway Patrol. Personal Vehicle Use Form including proof of insurance must be on file at the school.

Parent/ Guardian Signature _____ Date _____

Please indicate any existing medical conditions or special needs your student may have.

Please permit _____ to make up work for the periods listed below

Period	Course	Teacher's Signature
1	_____	_____
2	_____	_____
3	_____	_____
4	_____	_____
5	_____	_____
6	_____	_____

RETURN COMPLETED PERMISSION SLIP TO _____ BY _____