

Poway Unified School District
Poway, California 92064

TRIP PERMIT

The activity described below is entirely VOLUNTARY. If you, your child, or other invited guest want to participate, it will be necessary to specifically request it. Please complete this application form and return it to the school.

Education Code 35330 provides that any person attending a field trip or excursion must waive all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. Accordingly, I hereby waive all claims which I may have against the Poway Unified School District, its officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the activity described above.

District policy states that students are not allowed to transport other students to/from extracurricular activities.

I, the undersigned, request that the person named below be granted permission to participate in this voluntary activity.

_____ a student / parent at Westview School
(Participant's name) (Name of School)

wishes to participate in Spring Choir Trip - Orange County
(activity name or description)

from 03/10/11 / 2:00 am/pm to 03/12/11 / 4:30 am/pm
(date) (time) (date) (time)

or during _____ Transportation will be provided by:
(specify the semester or season)

School Bus Charter Bus Private Auto Other _____

Medical Authorization: In the event of an accident or sudden illness, the school district has my permission to render whatever emergency medical treatment might be deemed necessary for my child.

Date Signature of Parent or Guardian Home Phone Number _____

Work Phone Number

Date Signature of Student (If over 18 years of age)

Instructions: This form is intended for trip participants other than PUSD employees, including students, parents, and their approved guests. Give to Principal or designee who retains signed copy on file for one year from date of the event.

Student's Name _____

Today's Date: _____

Sponsoring Teacher: Miss C. Maurer

Special information concerning this activity: _____

Are medications required for this activity? _____ NO _____ YES

If "Yes" please indicate:

Medication _____

Dosage _____ Time to administer _____

PRESCRIPTIONS AND NONPRESCRIPTION MEDICATIONS SHALL NOT BE TAKEN ON THIS TRIP WITHOUT AUTHORIZATION FROM THE PHYSICIAN AND PARENT.

We will attempt to contact the following as appropriate:

Family Doctor _____

Phone Number _____

Health Insurance Carrier _____

Health Insurance Card# _____

Emergency Contact (other than parent) _____

Phone Number _____

Parent Signature for Consent _____

Parent Home Phone# _____

Parent Work Phone# _____

To: Faculty (This section must be completed for any classes students will miss.)

The above named student will be participating in a field trip on _____ during periods _____ through _____.

Please initial below indicating your approval:

	Course	Teacher	Initials
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Sponsoring Teacher: the health technician must review this form five days before the field trip.

Health Technician Initials: _____