

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 \_\_\_\_\_ School  
*(Participant's name)* *(Name of School)*

wishes to participate in \_\_\_\_\_  
*(activity name or description)*

from \_\_\_\_\_ / \_\_\_\_\_ am/pm to \_\_\_\_\_ / \_\_\_\_\_ 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 the date of the event.

Student's Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Sponsoring Teacher \_\_\_\_\_

Special information concerning this activity: \_\_\_\_\_

Are medications required for this activity? \_\_\_\_\_ No \_\_\_\_\_ Yes

If "Yes" please indicate:

Medicine \_\_\_\_\_

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# \_\_\_\_\_

All must complete

**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: \_\_\_\_\_