

San Dieguito Union High School District Field Trip Permission Form

3541.1 / AR-2 Attachment
6153.1 / AR-2 Attachment

Name of Student: _____	Activity: _____
Activity Date(s) : _____	Location: _____
Departs/Returns: _____ <input type="checkbox"/> AM <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> PM	Teacher: _____ Period: _____
Transportation: <input type="checkbox"/> School Bus/Van <input type="checkbox"/> Private Car <input type="checkbox"/> Charter Service <input type="checkbox"/> Walk	Driver: <input type="checkbox"/> School District Employee <input type="checkbox"/> Parent/Adult <input type="checkbox"/> Charter Service Employee <input type="checkbox"/> Student

I understand and agree that my participation in the activity or trip is not to be used as an excuse for absence other than for the period indicated above. I know that I am responsible for all class work missed. I understand and agree that I remain under the jurisdiction of the school district while participating in this off-campus activity and I will abide by all rules set forth by the faculty, principal, superintendent, or Board of Trustees.

Student Signature

ALL TEACHERS MUST GRANT APPROVAL FOR STUDENT TO PARTICIPATE IN TRIP OR ACTIVITY.

Per.	Class	Approve	Disapprove	Teacher Signature
1				
2				
3				
4				
5				
6				
7				

To Be Completed by Parent/

I, the undersigned, hereby grant permission for my child to participate in the above named activity.

In accordance with Education Code §35330, I, the undersigned, hereby RELEASE, DISCHARGE and HOLD HARMLESS the San Dieguito Union High School District, the Board of Trustees, its officers, employees and agents from all liability, including injury, death, or other damages, occurring in the course of or while traveling to or from the above named activity which my child may suffer or cause another person to suffer arising out of, or in connection with, or resulting from my child's participation in the above named activity.

EMERGENCY: In an emergency, I give my consent: For family physician, EMT and/or hospital to provide emergency treatment to my son/daughter: No Yes

Student has medical insurance? No Yes Medical insurance in: Father's name Mother's name

Medical Insurance Carrier: _____ Policy/Group #: _____

Insurance Contact Number(s): _____

Parent/Guardian Signature Date Telephone Number