

**CENTER UNIFIED SCHOOL DISTRICT  
FIELD TRIP PERMISSION/EMERGENCY INFORMATION**

School Name: Wilson C Riles M.S. Date: 1.16.19

Teacher's Name: 8th Grade PE Staff Room #: \_\_\_\_\_

Field Trip Destination: CSUS University Union Ballroom

Depart Date: 2.15.19 Time: 9:30 am/pm Return Date: 2.15.19 Time: 1:30 am/pm

TRANSPORTATION Walking Private Automobile Center Unified School Bus Commercial Transportation

My son/daughter \_\_\_\_\_ has my permission to participate in the field trip on 2.15.19 (Date).

Parent/Guardian Signature

Home Phone Number

Emergency Phone Number

Date

Your child will need a lunch. He/she may buy a school lunch at the cost of \$ \_\_\_\_\_. Please check one of the following choices:

☐ My child will bring a lunch from home.

☐ My child will buy a school lunch.

**TOP HALF OF THIS FORM TO REMAIN IN THE SCHOOL OFFICE**

**TEACHER WILL CARRY BOTTOM HALF OF THIS FORM WHILE ON FIELD TRIP**

**INFORMATION:** Education Code Section 35330 authorizes the governing board of any school district to conduct field trips or excursions for students in connection with courses of instruction or school -related social, educational, cultural, athletic, or school band activities to and from places in the state, any other state, the District of Columbia, or a foreign country. Field trips or excursions may be connected with such courses of instruction or such school activities that further the student's education and participation is voluntary. As a voluntary event, no special attendance credit is given for participation.

**PLEASE CHECK 1 OR 2 BELOW TO INDICATE DESIRED ACTION IN THE EVENT OF ACCIDENT OR EMERGENCY:**

1. ☒ In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstance, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. **THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTAND HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.**

Physician/s Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Medical Insurance Name (Kaiser, etc.) \_\_\_\_\_ Record # \_\_\_\_\_

2. ☐ I do not choose the above statement and desire the following action to be taken: \_\_\_\_\_

**WAIVER:** California law provides as follows: All persons making the 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. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving such claims. (Education Code Section 35330) My signature on this form shall constitute an informed and knowing waiver as required by law.

Student's Name: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_