

LIBERTY UNION HIGH SCHOOL DISTRICT
850 Second Street
Brentwood, CA 94513

FIELD TRIP / EXCURSION PERMISSION SLIP

I hereby give permission for my son/daughter: _____

To go on a school sponsored field trip to: _____
(Destination)

on (Date): _____.

Time of leaving school: _____ Time to return: _____

Means of transportation: _____ Cost per student: _____

If private vehicle, name of driver(s): _____

I understand that the trip will be under the supervision of a teacher.

All persons making the fieldtrip 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 reasons of the fieldtrip. (Ed Code 35330)

Parent/Guardian Signature

Date

.....
In case of emergency and medical attention is needed, my student's regular doctor is: _____

We have medical insurance covering him/her with: _____

Policy #: _____

Home Telephone Number: _____

Father's Work Telephone #: _____ Mother's Work Telephone #: _____

Home Address: _____

Mailing Address (If different from above): _____

Please list below any medication or medical information, which should be known. (Include any medication to which your student may be allergic.)

I give the teacher in charge the authority to obtain immediate medical attention.

Parent Signature