

**FIELD TRIP PERMISSION FORM FOR K-8 STUDENTS**

**(PARENT PERMISSION, ASSUMPTION OF RISK AND MEDICAL TREATMENT AUTHORIZATION)**

**(DRAFT ONLY - PLEASE HAVE REVIEWED BY COUNSEL BEFORE USING)**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ has permission to participate in the following field trip:

Destination / Nature of Activity: \_\_\_\_\_  
(Please be specific, e.g. "Attend concert at UCLA")

Special Instructions: \_\_\_\_\_  
(e.g. Bring sack lunch)

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Person in Charge: \_\_\_\_\_ Position: \_\_\_\_\_

School: \_\_\_\_\_

Type of Transportation:  Private Car/School Bus  Walking  Other: \_\_\_\_\_

Health or Special Needs: Check as appropriate

<input type="checkbox"/>	My student has no special health needs the staff should be aware of, and no medication is required.
<input type="checkbox"/>	My student has a special need, and instructions are attached. Number of attached pages: _____
<input type="checkbox"/>	Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility forcing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

I agree to waive all claims against the (Organization Name) and hold its officers, employees, and agents harmless from any and all liability or claims which may arise out of or in connection with my child's participation in this activity. This waiver, however, shall not apply to any occurrences which may arise solely out of the negligence of the (Organization Name) its employee or agents.

\_\_\_\_\_  
Signature (Parent/Guardian)

\_\_\_\_\_  
(Please print Name of Parent/Guardian)

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
(Please print Name of Student)

Student's Date of Birth: \_\_\_\_\_

Family Medical Insurance Carrier: \_\_\_\_\_  
(e.g. Blue Cross)

Policy #: \_\_\_\_\_

In the event of illness or accident, please notify:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Relationship)

Work: \_\_\_\_\_

Home: \_\_\_\_\_

DRAFT

PLEASE READ and SIGN THE FOLLOWING:

I hereby agree to indemnify, defend and hold harmless (Organization Name) and its officers, employee, agents and volunteers, from and against any and all damages, loss, liability, charges, and expenses in any way arising out of my (or my children's) participation in the program for which I am registering. I give permission to the (Organization Name) to photograph me or my children participating in this program for which I am registering for use in future City publicity and I acknowledge that I will not receive any compensation for such use.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_