



**LOS ANGELES UNIFIED SCHOOL DISTRICT
REFERENCE GUIDE**

ATTACHMENT F

**PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD TRIP
AND AUTHORIZATION FOR MEDICAL CARE – IV.D. TRIP SLIP**

To the Principal of _____ School

_____ has my permission to participate in the
(Student Name: please print)

Field trip location: _____ on _____
(Date(s))

Departure time: _____ A.M. / P.M. Return time: _____ A.M. / P.M.

Supervising Teacher (please print): _____

LUNCH

METHOD OF TRANSPORTATION

___ Student will be at school during lunch.

___ Student is **Walking**.

___ Student will be off-site during lunch.

___ Student will ride in Private Vehicle.

PARENT MUST CHECK OPTION BELOW:

___ Student will ride on School Bus.

___ My child is requesting a lunch from the Cafeteria,
I will send appropriate payment based on my child's meal
eligibility (free, reduced, full price)

___ Other _____

___ My child will **bring a sack lunch without liquid**.

Parent or Guardian's authorization signature

Date

(INFORMATION TO BE COMPLETED BY PARENT AND TO BE REMOVED BY SUPERVISING TEACHER)

AUTHORIZATION FOR MEDICAL CARE

Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the District carries **minimal** (\$1,500) excess student accident insurance for one day field trips which are conducted under the constant, direct and immediate supervision of designated school authorities and that injuries sustained while not under direct and immediate school supervision is not covered. I also understand that for field trips where constant, direct and immediate supervision isn't possible, the District requires students to be insured under separate, "Short Term 24-Hour" coverage.

Student Name: _____

Home Address: _____

Home Telephone No: _____

Business Telephone No: _____

Emergency Telephone No: _____

Authorized Signature of Parent or Guardian

Parent or Guardian's Name (please print)

Date: _____

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE IN THE SCHOOL.

FORM 34-EH-17 REV. 8/05 STK No. 818901 125-89159-5 (ENGLISH/SPANISH)

PARENTS, PLEASE NOTE:

Section 35330 of the California Education Code states in part:

"All persons making the field trip 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".

Accident insurance can be purchased for a minimum daily rate by contacting the school.

This institution is an equal opportunity provider.