

LOS ANGELES UNIFIED SCHOOL DISTRICT
PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

To the principal of John R. Wooden High School, _____ has my permission to
Print Full Name of Student

participate in the field trip to _____ on _____
Print Name of Field Trip Destination Date(s) of Field Trip

Departure Time: _____

Return Time: _____

Lunch: Student will be at school during lunch.
 Student should bring lunch.
 Student should bring money.
 Other: _____

Transportation: Walking
 School Bus
 Private Auto
 Other: _____

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 minimal daily rate by contacting the school.

Parent's or guardian's permission signature

Date

(To be removed by supervising teacher)

AUTHORIZATION FOR MEDICAL USE

Student Info:

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 judgement in obtaining medical care for the child, and I give permission to the physician selected by the School District personnel to render medical care necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

Print Full Name of Student

Home Phone Number

Business telephone number of parent or guardian

Emergency telephone number

Authorization signature of parent or guardian

Date

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