

**Parent/Guardian Permission and Notification Form
Secondary Voluntary Off-Campus Field Trip/Activity**

This form has several purposes:

1. To inform you, as a parent/guardian of a voluntary off-campus field trip or activity that will take place.
2. To secure your authorization enabling your son/daughter to participate in this field trip/activity.
3. To inform you that if you do not want your son/daughter to participate in this voluntary activity, an alternate activity for credit will be made available.

Student _____ Grade Level _____

Date of Trip 10/11/19 - 10/12/19 Departure Time 8:00am Return Time 8:00pm

Nature of Field Trip or Activity CLOVIS INVITATIONAL

*Is this a water activity: Yes ☐ No ☒ I give my permission for my child to participate in a water activity: Yes ☐ No ☐

Destination FRESNO, CA

Method of Transportation: District Busses _____ Commercial Charter X Other _____

Private vehicle driven by: Parent _____ Teacher _____ Student _____ (students may not transport other students)

Insurance / California Drivers License information must be on file with the school

Suggested Student Dress CASUAL Provision for Meal(s) NO

Faculty Member / Sponsor [Signature] Administrative Approval [Signature]
Signature Signature

I have reviewed and understand the conditions of the voluntary off-campus field trip/activity described and give my consent for my son/daughter to participate. Should my son/daughter be injured, the school supervisor has my permission to secure on-the-spot medical treatment (the parent/guardian will be contacted as soon as possible for direction and notification) and that I will be responsible for payment of medical services rendered. By signing below, I acknowledge that Education Code Section 35330 provides that all persons making a field trip or an excursion are 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 trip or excursion.

MEDICATIONS:

1. All medications must be registered on this form;
2. All medications, excepting those which permission has been given for student to carry, must be kept and distributed by staff;
3. **Check one:** ☐ no special problems or medications are required on the trip; ☐ medications are to be taken by student;

Name of medication and reason: _____

*Description of any special medical problem should be attached to this form

Signature of Parent/Guardian _____

Date _____

Address _____

Home phone _____

cell phone _____

Students riding the school bus to an activity are expected to return by bus. Any deviation from this rule must have prior approval from both parent and sponsoring teacher.

Signatures of Teachers (if applicable)

(Do not sign until Sponsor has signed on the front)

Period

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____