



## Parent Permission For School Sponsored Activity And Consent to Medical Treatment

Please complete form:

(Name of Student) \_\_\_\_\_ has the opportunity to participate in a school activity away from school premises. If you approve the following arrangement, please sign at the bottom of this section and return to the main office.

NATURE OF ACTIVITY \_\_\_\_\_

DESTINATION \_\_\_\_\_

DATE & TIME OF DEPARTURE \_\_\_\_\_ DATE & TIME OF RETURN \_\_\_\_\_

TRIP SUPERVISOR \_\_\_\_\_

PLEASE CHECK ONE: SCHOOL LUNCH \_\_\_\_\_ HOME LUNCH \_\_\_\_\_

MEANS OF TRANSPORTATION: (Sponsor please check)

A. District-Owned Bus \_\_\_\_\_

B. Other (Specify) \_\_\_\_\_

I understand the nature of the school activity in which my son/daughter will be participating and that he/she is expected to abide by all school regulations during the course of the activity.

I understand that, pursuant to education Code the district is responsible for the conduct or safety of my son/daughter only while he/she is or should be under the immediate and direct supervision of an employee of the district.

I hereby give my permission for him/her to participate in the above-described activity. I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to the district.

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

IMPORTANT MEDICAL INFORMATION THE SUPERVISOR SHOULD KNOW: \_\_\_\_\_

EMERGENCY TELEPHONE NUMBERS: \_\_\_\_\_

**THIS FORM SHOULD BE KEPT BY THE CHAPERONE DURING THE ACTIVITY**