

**FREMONT UNIFIED SCHOOL DISTRICT
ELEMENTARY & SECONDARY FIELD TRIP PARENT PERMISSION FORM**

School _____ Date of Trip _____
 Teacher Name _____ Departure Time _____
 Field Trip to _____ Return Time _____

The purpose of this trip is _____

ITEMS STUDENTS NEED TO BRING:

 Total # of Students _____ Chaperones _____

TRANSPORTATION:
 The type(s) of transportation used for this trip will be
 (Please check below):
 Budget coding for Transportation: _____

COSTS:
 The cost per student for this trip _____
 These costs are paid by (please check)
 _____ Donations _____ School Funds
 _____ Student Fund-raiser
 _____ Student Voluntary Donations
 _____ Parent Group Funds
 _____ Other (explain) _____

_____ Bus (private) Name of Company _____
 _____ District Bus _____ Walking
 _____ AC Transit _____ BART
 _____ Parent Drivers (Teacher will have verified
 adult and employee insurance, licenses, and driver
 forms as per district policy)

SPECIAL NOTES _____

Per Board Policy 6153: (a) No child may attend a study/field trip who is not enrolled in the class. (b) Parents may not bring older or younger siblings. (c) Parents who drive must go to and from the trip with no unscheduled stops. (d) All students must travel to and from the trip at the same time and with the same driver.
 Does your child require special accommodations (e.g. wheel chair, epi pen)? If so, contact your site administrator to review the child's IEP, 504 or ISHP for special accommodations. In the event you are unable to attend the fieldtrip with your student, please contact the site administrator, in writing, at least **4 WEEKS PRIOR TO THE FIELDTRIP**. *Please detach and return the bottom of this form to the teacher by:* _____

Failure to return this form will mean your child will be excluded from this trip.

HEALTH INFORMATION AND MEDICATION POLICY

PARENT SIGNATURE BELOW GIVES NOTICE OF HEALTH INFORMATION AND MEDICATION POLICY

DOES YOUR CHILD HAVE ANY MEDICAL/PHYSICAL PROBLEMS? YES ___ NO ___

Please Explain: _____
A special note to parents/guardians: A physician's written authorization is required for all medications.

Will your child require medications on this trip? Yes ___ No ___ if the answer is Yes, you and your physician must complete and return the attached *Medications at School Form D*, in order for your child to participate in the fieldtrip.

PARENT SIGNATURE BELOW GIVES CONSENT FOR TREATMENT

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis of treatment and hospital care that are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services, and the undersigned agrees to pay for such medical care whether or not the costs are insured by parents'/guardians' health insurance.

PARENT SIGNATURE BELOW GIVES WAIVER OF CLAIMS

Education Code 35330: "All persons making the trip or excursion 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 trip or excursion." Therefore, a parent/guardian for him/herself and for his/her child/ward by signature herein below waives any and all claims against F.U.S.D. for injury, accident illness, or death occurring during or by reason of the trip or excursion. Excursions are **voluntary**, and attendance by your child is not mandatory.

PARENT SIGNATURE BELOW GIVES AGREEMENT FOR CONSEQUENCES ON THE FOLLOWING RULES

Undersigned agrees that participants are to abide by all rules and regulations governing conduct during the trip and that any violation of these rules and regulations can result in child being sent home at his/her and/or parents'/guardians' expense.

- _____ 1. I HAVE READ AND AGREE TO ALL PROVISIONS ON THIS SHEET ABOVE. I GIVE MY CHILD PERMISSION TO ATTEND THIS TRIP TO _____ ON _____
 Phone number where parent can be reached on day of trip: _____
- _____ 2. MY CHILD MAY **NOT** GO ON THIS TRIP. I understand he/she must attend school and will be provided an appropriate placement and school work.
- _____ 3. I will _____ will not _____ attend this field trip with my child.

Student's Name (Period) _____

Parent's Signature _____

Teacher's Signature _____

Principal's Signature _____