



LOS ANGELES UNIFIED SCHOOL DISTRICT
MEMORANDUM

MEM-6820.0
 March 13, 2017

ATTACHMENT M

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

___ Student will be at school during lunch.

___ Student will be off-site during lunch

PARENT MUST CHECK OPTION BELOW:

___ 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)

___ My child will bring a sack lunch without liquid.

METHOD OF TRANSPORTATION

___ Student will ride on School Bus

___ Student will ride in Private Vehicle.

___ Student is Walking.

___ Other _____

_____ Date: _____
 Parent or Guardian Authorization Signature

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

AUTHORIZATION FOR MEDICAL CARE

I permit the School District to transport/ house/care for my child as necessary if an (non-medical) emergency occurs during the field trip. 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 health care provider selected by the School District personnel to render medical care deemed necessary and appropriate by the provider. I understand that the District is responsible for the conduct or safety of a student only while the student remains under the constant, direct and immediate supervision of the field trip supervisor(s). 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 Number: _____

Business Telephone Number: _____

Emergency Telephone Number: _____

_____ Date: _____
 Authorized Signature of Parent or Guardian

Parent or Guardian's Name (please print) _____

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

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.

To be completed only upon emergency release of student to authorized parent or guardian during the trip. Student released to:

Parent or Guardian name (please print) _____ Signature _____