

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

School American High School

Teacher Name Richard F. Wong

Field Trip to Fremont Hub

Date of Trip 10-17-09 Sat.

Departure Time 1:30pm

Return Time 4pm

The purpose of this trip is to perform in the community, at a local parade.

**ITEMS STUDENTS NEED TO BRING:**

Instrument, music, equipment,  
schedule, Halloween costume

Total # of Students 30 Chaperones 3

**COSTS:**

The cost per student for this trip 0

These costs are paid by (please check)

☐ Donations ☐ School Funds

☐ Student Fund-raiser

☐ Student Voluntary Donations

☐ Parent Group Funds

☐ Other (explain) \_\_\_\_\_

**TRANSPORTATION:**

The type(s) of transportation used for this trip will be  
(Please check below):

Budget coding for Transportation: \_\_\_\_\_

☐ 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 No sub. needed

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: 10-16-09

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 Fremont ON 10-17-09 Sat.  
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) \_\_\_\_\_

Teacher's Signature \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Principal's Signature \_\_\_\_\_