



VOLUNTARY FIELD TRIP PERMISSION SLIP AND MEDICAL AUTHORIZATION

Student _____ School _____ Teacher _____

Dear Parent / Guardian: Your consent is required for your child to participate in a District excursion or field trip. No student will be allowed to participate in the excursion or field trip without this signed permission slip.

Field Trip / Event / Destination: _____

Single Day Field Trip Multiple Day Field Trip

Transportation: Bus Private Vehicle Walking Other

Date of Field Trip: Time Leave: _____

Time Return: _____

Student's Address _____

In case of emergency, I can be reached at Home Phone Work Phone Cell Phone

- We will need volunteer drivers. Please indicate if you can drive.
We will need additional chaperones. Please check if you can chaperone.
A voluntary donation/fee of \$ is requested for:
Other items to bring:

YES I can drive. # of seatbelts in backseat.
NO I cannot drive
YES I can chaperone NO I cannot chaperone
ENCLOSED is my voluntary donation/fee of \$
I am enclosing an additional voluntary donation of \$ to supplement the field trip costs for those who cannot contribute.

Children will need a disposable bag lunch, with child's name clearly marked on the bag.

I DO permit my child to go on this excursion / field trip. In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon is deemed necessary for the safety and welfare of my child.
I DO NOT permit my child to go on this excursion / field trip. I understand that my child can receive an alternative instruction assignment (if appropriate).

HEALTH INFORMATION:

Is your child on medication? Yes No
Type of Medication When and how often taken:
Amount of dosage:
Please add information that you feel we need to know about your child's health:
Is there anything that may cause an allergic reaction, like a bee sting, penicillin, etc.?
Are there any physical defects or congenital illnesses that may endanger his/her activity or safety?
Do you have health/accident insurance?
Company Name: Group Number:

I understand and acknowledge that, as provided in Education Code Section 35330, by consenting to allow my child to participate in this field trip, I shall, by law, be deemed to have given up all claims against the Kentfield School District and each of its officers, employees and agents (hereinafter collectively referred to as "District") for any injury, accident, illness or death occurring during or by reason of the field trip. I also agree to relieve the District of any responsibility for damage to or loss of my child's property occurring during or by reason of the field trip.

Signature of Parent / Guardian

Date