

# South Pasadena Unified School District Permission Release

## STUDENT/CHAPERONE PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP PARENTAL PERMISSION, ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION

Student/Volunteer's Name \_\_\_\_\_ has permission to participate in the following field trip:  
 Organization/Group Marengo PTA School Marengo Grade \_\_\_\_\_  
 Teacher/Requestor In Charge \_\_\_\_\_ Date of Trip 2/24/17 Day Friday  
 Destination/Nature of Activity: S.Pas. Middle School for Talent Show  
 Special Instructions \_\_\_\_\_  
(e.g., Bring sack lunch)

### TRANSPORTATION BY

Bus \_\_\_\_\_ Car \_\_\_\_\_ Walking  Volunteer Driver \_\_\_\_\_ Other (Specify) \_\_\_\_\_

### TIME SCHEDULE

Departure from Site 8:15 am/pm Destination Arrival 8:30 am/pm  
 Departure from Destination 11:00 am/pm Return time to Site 11:15 am/pm

### PICK-UP AND DELIVERY POINTS

Pick-Up/School Marengo Specific Address 1400 Marengo Ave SP 91030  
 Unloading Location SPMS Specific Address 1500 Fair Oaks Ave, SP 91030  
 Stopping for meals Yes \_\_\_\_\_ No  Lunch provided by Food Service \_\_\_\_\_ Student \_\_\_\_\_

### HEALTH OR SPECIAL NEEDS

Initials:

	I/my child have/has no special health needs the staff should be aware of, and no medication is required on the trip.
	I/my child have/has special health needs, and instructions are attached. Number of attached pages: <input style="width: 50px;" type="text"/>
	Other: _____

In the event of illness or injury, I do hereby consent to x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the South Pasadena Unified School District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

### SIGNATURES

Parent/Guardian/Chaperone \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
(Signature) (Please Print) Home Phone ( ) \_\_\_\_\_

In case of emergency or you can not be reached \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
(Please Print) (Relationship) Home Phone ( ) \_\_\_\_\_

Student's \_\_\_\_\_  
(Signature) (Student's Date of Birth)

Family Medical Insurance Carrier \_\_\_\_\_ Policy Number: \_\_\_\_\_  
(e.g., Blue Cross)