



# LOS ANGELES UNIFIED SCHOOL DISTRICT REFERENCE GUIDE

## ATTACHMENT F

### PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE – IV.D. 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 is Walking.
- Student will ride in Private Vehicle.
- Student will ride on School Bus.
- Other \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian's authorization signature

\_\_\_\_\_  
Date

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

#### **AUTHORIZATION FOR MEDICAL CARE**

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 physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the District carries **minimal** (\$1,500) excess student accident insurance for one day field trips which are conducted under the constant, direct and immediate supervision of designated school authorities and that injuries sustained while not under direct and immediate school supervision is not covered. 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 No: \_\_\_\_\_

Business Telephone No: \_\_\_\_\_

Emergency Telephone No: \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature of Parent or Guardian

\_\_\_\_\_  
Parent or Guardian's Name (please print)

Date: \_\_\_\_\_

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

FORM 34-EH-17 REV. 8/05 STK No. 818901 125-89159-5 (ENGLISH/SPANISH)

#### **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.

This institution is an equal opportunity provider.