

LOS ALTOS SCHOOL DISTRICT
FIELD TRIP PERMISSION SLIP

TEACHER COMPLETES THIS SECTION

DATE OF TRIP: _____

DESTINATION: _____

DEPARTURE TIME: _____ RETURN TIME: _____

METHOD OF TRANSPORTATION: _____

STUDENTS SHOULD BRING: _____

COST: _____ MAKE CHECK PAYABLE TO: _____

TEACHER: _____

PARENT/GUARDIAN COMPLETES THIS SECTION:

Please return the lower portion of this form to your child's teacher prior to the scheduled field trip date.

I hereby authorize and give permission for my son/daughter/legal charge, whose name is _____ to take the field trip as described above. I fully understand that my student is to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in my student being sent home at my expense.

NOTE: California Education Code Section 35330 provides, in part: All persons making the field 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 field trip or excursion.

SPECIAL MEDICAL INFORMATION:

Please provide any special medical information the trip supervisors need:

Signed: _____

(Parent or Guardian)

Date: _____

In an emergency during the field trip, I can be reached at the following phone number: _____