PALMDALE SCHOOL DISTRICT
VOLUNTARY FIELD TRIP AND MEDICAL AUTHORIZATION

_____ School

Dear Parent/Guardian:

NO student will be allowed to participate in this activity unless he/she returns this form to school on or before _____ **NO phone calls will be accepted to grant permission to attend.**

I give my permission for my child, _____ to participate in the following **voluntary** activity:

Destination(s):_____ City_____

_____ City_____
(include all planned stops or other activities)

Departure date:_____ time_____ Return date_____ time_____

Transportation by:
_____ school bus _____ provide own transportation _____ walk ____ other
(explain)_____

_____ meal stop (location):_____ City_____

_____ My child will bring a lunch from home ____ Need lunch provided from Cafeteria
(**no glass bottles or plastic containers**) (available to all free, reduced and paid students)

Teacher: please notify Cafeteria 3 weeks in advance via Sack Lunch Request Form

Health or Special Needs:

[ ] My student has no special health needs the staff should be aware of, and no medication is required on the trip.
[ ] My student has a special need, and instructions are attached.

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation is considered necessary in the best judgment of the attending physician, surgeon, or dentist unless the parent/guardian has previously filed a written objection with the District. I understand and acknowledge that these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities.

I understand and acknowledge that participation in these activities is completely VOLUNTARY and as such is not required by the District for course credit or for completion of graduation requirements. I understand and acknowledge that in order to participate in these activities, I and my son/daughter agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities. As provided for in California Education Code Section 35330, I agree to waive all claims against the 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.

_____ _____ _____
Name of Student Teacher's Name Student's date of birth

_____ _____ _____
Parent Name (Print clearly) Signature of Parent Date

_____ _____
Daytime Telephone Number Cell phone number

School: Retain authorization for one year from date of event

Rev 09/12