

WEST CONTRA COSTA UNIFIED SCHOOL DISTRICT

Richmond, California

PARENT PERMISSION FORM FOR STUDY TRIP AND WAIVER OF LIABILITY

NOTICE TO PARENTS:

On 10/31/16 the BAND grade class will go on a study trip to Local Elementary Schools

by [checked] bus [ ] private vehicle [ ] walking trip [ ] public transit:

and will return on 10/31/16 @ 2:30pm

Written permission and waiver of liability from parent or guardian must be on file for each student attending this trip. Kindly fill out the lower portion of this form and return it to the school.

The study trip is voluntary; your child is not required to attend. If your child does not attend, alternate activities will be provided to him/her at the school.

[Signature]
Principal

Thank you,
[Signature] 10/28/16
Teacher Dated

Tear at the dotted line and save the upper portion for future reference

Return this Portion to your Child's Teacher

I hereby give my permission for \_\_\_\_\_ to participate in the following voluntary activity:

Destination:

Local Elementary Schools

Departure Date: 10/31/16 Time: 8am

Return Date: 10/31/16 Time: 2:30pm

Does your child receive free or reduced lunch? Yes No
If yes, will your child need a lunch for the study trip? Yes No

In the event of illness or injury, I do hereby authorize the activity supervisor to consent to whatever emergency medical, surgical or dental care is considered necessary in the best judgment of the attending physician, surgeon or dentist. I agree to pay for such medical care whether or not the costs are insured by my health insurance. I understand that an attempt will be made to contact me, by telephone if possible, before such care is administered.

Phone Number(s) where parent(s)/guardian(s) can be reached:

Name of Medical Insurance: Emergency medical contact number(s):

Medical history that may be of importance:

Medication student is taking (if any): Medication student should not take:

I understand that participants in this study trip are to abide by all rules and regulations governing conduct during the study trip and that any violation of these rules and regulations can result in my child being sent home at his/her and/or my expense.

Pursuant to California Education Code section 35330, I, the undersigned, the parent or legal guardian of the above named participant, acknowledge that as a condition of my son/daughter/ward participating in said activity, hereby agree to hold harmless, and waive all claims and liability against the West Contra Costa Unified School District, its officers, agents, employees, and volunteers, for injury, accident, illness, or death occurring during or by reason of this study trip.

I have read, understand, and agree to all provisions stated above. I give my permission for my child to attend this study trip.

Parent Name:

Parent Signature:

Address:

Date:

Phone: