

College Conferences Permission Slip

Dates of Activities: 10/26/13, 11/16/13, 12/14/13, 2/8/14, 3/8/14, 4/26/14 & 5/10/14

It is herein requested that my son/daughter, _____ be permitted to participate in the following activity which will take place away from the school premises:

UB College Conferences Academic Year 2013-2014

California State University, Fresno

Activity

Place

9:00 a.m. (Madera Pick up at 8:15 a.m.)

\$0.00

Starting Time

Student Cost

Transportation will be furnished by Charter Bus, MUSD Transportation, and/or Van Rentals

1. My son/daughter has a medical history _____ which may necessitate the following first aid _____
2. I have been advised of the contents of the State of California Education code section 35330 which stated in part: "All persons making the study 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 or by reason of the study trip or excursion."
3. I realize the school will not be responsible for lost and/or stolen personal property.
4. In case of an emergency please call the number listed below.

SIGNED:

Parent or Guardian

Address

Home Phone No.

Work Number - Mother

Work Number - Father

Doctor: _____

Phone No.: _____

MEDICAL RELEASE FORM: I, _____, parent or guardian of

_____, a minor, do hereby consent to whatever X-Ray examination, anesthesia, medical or surgical diagnostic procedure or treatment is determined necessary in the best judgment of the attending physician in the event of illness or injury occurring to the above named student while attending this field trip.

Parent's Signature

Date

I am aware that as a representative of the C.S.U., Fresno UPWARD BOUND PROGRAM, I must conduct myself so as to reflect credit upon the school at all times, and I will obey all the rules and regulations on this trip. Any violation to the rules may result in my being sent home at the expense of the parents.

Student's Signature

Date