

MADERA UNIFIED SCHOOL DISTRICT  
MADERA HIGH SCHOOL

**Voluntary Field Trip Permission Form**

Parent/Guardian & Teacher

I hereby grant permission for \_\_\_\_\_ ID# \_\_\_\_\_  
(Student Name)

to participant in a field trip or activity to: \_\_\_\_\_  
(Destination/Location)

Sponsored by \_\_\_\_\_ on \_\_\_\_\_  
(Program/Club) (Date)

Leaving school at \_\_\_\_\_ and returning \_\_\_\_\_

Transportation will be provided by: \_\_\_\_\_ school bus \_\_\_\_\_ rented vehicle \_\_\_\_\_ private vehicles

\_\_\_\_\_  
Parent/Guardian Name Home Phone Cell Phone

\_\_\_\_\_  
Alternate Emergency Contact Name Home Phone Cell Phone

Student's specific medical needs, if any: \_\_\_\_\_

Primary Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Students Health Insurance Carrier \_\_\_\_\_ Policy & Group # \_\_\_\_\_

**Authorization to Treat a Minor:** In case of emergency, I consent to have my child treated at an emergency room or hospital. It is understood that an effort shall be made to contact the undersigned prior to the rendering of any treatment, but that treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

**Prescription or over-the-counter medication:** I certify that I have on file with the school nurse, a current form stating all medications that my child must take.

**Waiver of Claim:** I understand that Education Code Section 35330(d) provides that all persons making a filed trip or excursion shall be deemed to have waived all claims against the District and its employees and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip. I therefore acknowledge that as a condition of my son/daughter participating in the said activity, I waive any and all claims against the school, its employees, the Madera Unified School District for injury, accident, illness, or death occurring during or by reason of the participation in said activity.

\_\_\_\_\_  
**Parent/Guardian Signature**

**ADVANCE TEACHER NOTIFICATION**

*Teacher signatures are required if trip is during school hours.*

Non Mandatory Activity  Mandatory Activity **VP Initials:** \_\_\_\_\_

It is requested, that \_\_\_\_\_ be allowed to attend the above field trip.

Periods to be missed (*circle*): 1 2 3 4 6 7 *Your signature approves their absence from class.*

1 Subject \_\_\_\_\_ Signature: \_\_\_\_\_

2 Subject \_\_\_\_\_ Signature: \_\_\_\_\_

3 Subject \_\_\_\_\_ Signature: \_\_\_\_\_

4 Subject \_\_\_\_\_ Signature: \_\_\_\_\_

6 Subject \_\_\_\_\_ Signature: \_\_\_\_\_

7 Subject \_\_\_\_\_ Signature: \_\_\_\_\_