

**DUBLIN UNIFIED SCHOOL DISTRICT
9-12 PERMISSION SLIP AND MEDICAL AUTHORIZATION**

This form must be on file in the Attendance Office seven (7) days before time of field trip. In no case will student be permitted on field trip if form is not on file with parent's signature. (Both top and bottom sections must be signed.)

Student's Name: _____ Grade: _____ Student ID#: _____

Counselor/Teacher Name: _____

Destination and Purpose: _____

Date of Trip: _____ Departure Time _____ Return Time _____

Mode of Transportation: _____

Faculty Sponsor Signature: _____

Period of Absence – *Sponsoring teacher: Draw lines through periods not included.*

GRADE IN CLASS

Period:	1	2	3	4	5	6	7	8
Teacher's Initials Class and Grade								

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PARENTAL APPROVAL

As stated in the California Education Code Section 35330, I understand that I hold the Dublin Unified School 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.

FIELD TRIP REGULATIONS:

1. Students shall obey all transportation rules while on the trip (including returning to school by the same form of transportation as departure).
2. Students shall observe all rules established by the sponsor while attending the trip.
3. Students may be denied future field trips and be sent home, at the parent's expense, if field trip rules are not observed.
4. Sponsors and adult chaperones will discuss field trip rules and safety with students prior to the field trip.
5. Sponsors will be responsible for obtaining all field trip authorization forms, as well as transporting this information on the field trip.

Signature of Parent/Guardian: _____ Date: _____

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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 are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at the parent's/guardian's expense.

As stated in California Education Code Section 35330, I understand that I hold the Dublin Unified School 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.

Parent/Guardian Signature _____ Print Name _____ Date _____

Emergency Contact _____ Emergency Phone Number _____

Medical Insurance Carrier _____ Policy Number _____ Address _____

A Special Note to Parents/Guardians: (1) All medications must be registered on this form; (2) All medications must be kept and distributed by the staff; (3) [] Check here if there are no special problems that the staff should be aware of and no medications are required on the trip; (4) If any medications are to be taken by the student, list them here with reason for use: _____.

If your child has a special medical problem, kindly attach a description of that problem to this sheet and return to your school.