

**DUBLIN UNIFIED SCHOOL DISTRICT
K-8 PERMISSION SLIP AND MEDICAL AUTHORIZATION**

Your child has an opportunity to visit _____ (destination) in connection with extra-curricular activities.

Transportation will be by: District Van, Chartered Bus, Private Car, Walking

Date of Trip _____ Departure Time _____ Return Time _____

LUNCH REQUIRED No, Yes **VOLUNTARY DONATION** No, Yes \$ _____

SPECIAL CLOTHING REQUIRED No, Yes, _____

Form must be turned in by _____ (including notification of intent to chaperone to teacher).
We are looking forward to an interesting educational experience.

Teacher and Grade

Teacher's Signature

PLEASE COMPLETE AND RETURN TO YOUR CHILD'S CLASSROOM TEACHER

_____(Student Name) has my permission to participate in the following voluntary activity in connection with regular classroom studies: _____

Effective January 1, 2012 California has a new law governing child safety restraints in private vehicles. All children must be secured in the vehicle's back seat with an appropriate child passenger safety restraint until age 8 or until they are at least 4' 9" tall. All child passenger restraint systems must meet applicable federal motor vehicle safety standards.

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 reasons 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.

Yes, I will **chaperone/drive** _____(number of children) children using 1 shoulder seat belt per child and complying with the "Regulations When Transporting Students" on the form entitled, "Volunteer Drivers Transporting Students in Privately Owned Cars on School Sponsored Trips". (Must have completed Volunteer Form and completed Volunteer Driving Form on file.)