

**Placer Union High School District**

**Parent Permission Slip for School-Related Activities and Consent to Treat**

**COMPLETE and SUBMIT at least FIVE SCHOOL DAYS BEFORE THE SCHEDULED EVENT.**

**Board Policy 6153 / Administrative Regulation 6153: School Sponsored Trips**

Chana&Maidu       Colfax       Del Oro       Foresthill       Placer

\_\_\_\_\_ has the opportunity to take part in a school activity away from school. Participation in these events is purely voluntary and requires your written permission. If you approve the following arrangements, please sign at the bottom and return this form to the faculty sponsor.

I understand and acknowledge that Education Code Section 35330 provides that all persons participating in school-related trips shall be deemed to have waived all claims against the Placer Union High School District or the State of California for injury, accident, illness, or death occurring during or by reason of this trip. I also understand in accordance with Education Code Section 35330, no student shall be prevented from making a co-curricular (class curriculum related) field trip because of lack of sufficient funds.

FACULTY SPONSOR'S NAME: DUNCAN      DESTINATION: SUMMER BAND REHEARSALS

DATE(S) OF TRIP: SEE BACK      TRANSPORTATION VIA: NA

ESTIMATED TIME OF DEPARTURE: NA      ESTIMATED TIME OF RETURN: NA

THIS TRIP INVOLVES WATER-RELATED ACTIVITIES:  YES  NO

Parent's Name: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Additional Parent Contact Phone #s: (1) \_\_\_\_\_ (2) \_\_\_\_\_

If unable to reach parent, other authorized adult: \_\_\_\_\_

Relationship: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Carrier's Name and Account/Policy #: \_\_\_\_\_

Does your child have a **Health Care Plan** on file with his/her school of attendance?:  YES  NO

Is your student taking medication(s) on this trip?  YES\*  NO

(\*If your student is taking medications on this trip, provide a Medications Form signed by the student's physician.)

Special medical considerations regarding my student (examples: allergies to medicine, food; diabetes, etc.):

\_\_\_\_\_  
(Additional information may be placed on the back of this form.)

In the event of an emergency, when a parent or guardian is unavailable, I authorize school personnel to make arrangements for my child to receive medical or hospital care, including necessary transportation, in accordance with their best judgement. I authorize the physician named above to undertake such care and treatment as is considered necessary. In the event said physician is unavailable, I authorize such care and treatment to be performed by a licensed physician or surgeon. I agree to pay all costs incurred as a result of the foregoing. I understand that students on approved field trips are under Board jurisdiction and subject to school rules and regulations. Any student violating Education Code 48900 or 48915 on a field trip may be subject to school discipline policies up to and including suspension or expulsion. A student may also be sent home from an overnight trip at parent's expense. Administrative Regulation 6153 requires that for trips where water activities are planned, specific parent permission is required in order for students to participate in said water activities. Signing below shall serve as that specific parent permission.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date