



REDLANDS UNIFIED SCHOOL DISTRICT

FIELD TRIP PERMISSION FORM

Dear Parent/Guardian:

Please complete and return this form to _____ (site)

_____ (student's name) has my permission to participate in the following voluntary activity:

Destination: _____

Departure Date & Time: _____ Return Date & Time: _____

Will Travel By: ___ School Bus ___ Private Passenger Vehicle ___ Walking ___ Other: _____

Please check this box if you would like to request a sack lunch for your student. If student's eligibility is free or reduced, you will not be charged for this meal. Otherwise, student's account will be charged on the day of the field trip as a paid meal.

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 expense of his/her parent/guardian.

As stated in California Education Code Section 35330, I understand that I hold the Redlands 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: _____ Date: _____

Address: _____ Phone: _____

Student Signature: _____ Date of Birth: _____

Medical Insurance Carrier _____ Policy No. _____ Address _____

Special note to Parent/Guardian: All drugs must be registered on this form and all drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by the staff.

Check here if there are special problems that staff should be aware of but no medications are required on the trip.

If any medications are to be taken by student, list the name of the medication and the reason for which it is being taken:

If your son or daughter has a special medical problem, medications or allergies, kindly check here and describe on the back of this form.

20 West Lugonia Avenue • Redlands, CA 92374 • (909) 307-5300