

SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT

**PARENT/GUARDIAN APPROVAL FOR FIELD/STUDY TRIP PARTICIPATION
AND AUTHORIZATION FOR EMERGENCY TREATMENT OF MINOR**

Form must be completed and signed by the principal/designee prior to the field/study trip.

STUDENT _____ SCHOOL Baywood CLASS/ACTIVITY 6th Grade
PRINCIPAL/DESIGNEE APPROVAL _____ FIELD/STUDY TRIP Walk to Elfin Forest with buddies
TEACHER/SUPERVISOR Mr. Snapp CURRICULAR EXTRACURRICULAR
DATE(S) OF TRIP November 10, 2009 DEPART 9:15am RETURN 11:30am
TRANSPORTATION District Vehicle Private Vehicle Charter Bus/Van Walking Trip
LOCATION Elfin Forest - End of 13th Street, Los Osos
SWIMMING, supervised by a Red Cross certified lifeguard, will be a permitted activity on this field/study trip. Yes No

APPROVAL FOR STUDENT'S PARTICIPATION IN FIELD/STUDY TRIP

My child named above has my permission to participate in the above field/study trip sponsored by the San Luis Coastal Unified School District, including side trips connected therewith. It is my understanding that this field/study trip is made pursuant to the provisions of Education Code Sections 35330 and 35350 and that such sections provide that all persons making the field/study trip shall be deemed to have waived all claims against the San Luis Coastal Unified School District, the San Luis Obispo County Superintendent of Schools, and the State of California for injury, illness, or death occurring during or by reason of the field/study trip. It is my further understanding that students will be under school supervision during this trip and transportation is being furnished as indicated above and authorized by the San Luis Coastal Unified School District.

AUTHORIZATION FOR EMERGENCY TREATMENT OF MINOR

In the event reasonable attempts to contact me/us (parents/guardians) are unsuccessful, or until a parent/guardian can directly respond to the treatment facility or physician, I, the undersigned parent/guardian, grant full authorization for (1) the administration of any medical treatment deemed to be necessary by a medical physician or dentist; and (2) the transfer of my child to any medical physician or dentist for diagnosis or treatment; and (3) the transfer of my child to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance for any specific diagnosis, treatment, or hospital care required but is given to provide authority and power on the part of school authorities and medical/dental providers to give reasonable care. I also hereby agree to release and hold harmless any medical or dental provider from any and all liability except for liability arising from the sole negligence of the medical provider administering emergency medical treatment authorized by this document.

Date _____ This authorization is effective until _____
Student's Address _____
Home phone _____ Business/other phone(s) _____
Student's primary physician _____ Phone _____
Medical condition(s)/needs of student/allergies _____

Health insurance and policy/group number _____

If **SWIMMING** is a permitted activity on this field/study trip,
 YES, my child may participate in swimming. **NO**, my child does not have my permission to swim.

Parent/Guardian Signature _____ Parent/Guardian Signature _____

Approval of Parent/Guardian:

Parent/Guardian Signature



**FORM MUST BE SIGNED FOR
STUDENT TO GO ON TRIP.**