

GLENDALE UNIFIED SCHOOL DISTRICT

FIELD TRIP - PARENT/GUARDIAN PERMISSION FORM

Field trips are important as they extend classroom learning experiences and give students opportunities to relate education to the world outside of school. However, field trips are voluntary and students are not required to attend. Alternate learning activities are provided for those students who do not go.

TO BE COMPLETED BY CREDENTIALLED GUSD STAFF MEMBER:

Location(s): _____

Date(s) for the Field Trip: _____

Departure Time from School: _____ Approximate Time for Return: _____

Students will be under the supervision of _____, a credentialed GUSD staff member and students will travel to and from the field trip by way of:

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> School or Chartered Bus | <input type="checkbox"/> Walking |
| <input type="checkbox"/> Private Transportation | <input type="checkbox"/> Other: _____ |

This field trip will will not involve swimming and/or water activities

Schools use site funds and/or donations to pay for the expense of field trips. The recommended per student donation is \$_____ to cover all field trip expenses. No student will be excluded from a field trip held during instructional time due to lack of a donation.

TO BE COMPLETED BY PARENT/GUARDIAN:

Written permission must be on file for each student attending the field trip. Your child cannot attend the field trip without the signed consent of a parent/guardian. In the event that you, or the other parent/guardian, cannot be contacted, you hereby give permission to the GUSD staff member to secure proper treatment for your child. You further understand that, under Section 35330 of the California Education Code, by giving permission for your child to attend the field trip you hereby hold harmless and waive all claims and liability against the Glendale Unified School District and its officers, agents, employees and volunteers for injury, accident, illness, or death during or by reason of this field trip.

I give permission for my child _____ First Name _____ Last Name _____ to participate in the field trip.

- My child has **no** special health needs the staff should be aware of and **no** medications are required on the trip.
- My child has the following special health needs: _____
- My child will need the following medication on the trip: _____

[In accordance with Education Code 49423, a written statement from the physician who prescribed this medication detailing the method, amount, and time schedules by which such medication is to be taken has been provided to the school office and the credentialed employee in charge of this trip.]

If swimming or water activities are a part of the field trip, do you give permission for your child to Yes No participate in these activities?

My child's swimming ability is (check one): Beginner Intermediate Advanced

Parent/Guardian Name (Print Name): _____

Parent/Guardian Signature: _____ Date _____

Emergency Contact Number for Parent/Guardian: _____