



FIELD TRIP/EXCURSION CONSENT

PERRIS UNION HIGH SCHOOL DISTRICT

Dear Parent/Guardian: Your consent is required for your child to participate in a District field trip/excursion. Please complete and return this form to: _____

Student Name:		School:	
FIELD TRIP/EXCURSION INFORMATION			
Date of Field Trip/Excursion:		Destination:	
Name of Event/Activity:			
Sponsoring Class/Club/Organization:			
Departure Time:	a.m. / p.m.	Return Time:	a.m. / p.m.
Departure/Return Location:	/		
Method of Transportation:	<input type="checkbox"/> District Bus <input type="checkbox"/> District Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> Charter Bus <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Other _____ <input type="checkbox"/> Private Vehicle <i>(Requires the completion of Private Vehicle Consent Form.)</i>		
Name of Person in Charge:		Contact Telephone#	
Special Instructions/ Additional Information:			

HEALTH INFORMATION

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.

Health Needs

My child has a special medical/health need, including allergies and/or medication *(Please provide details or special instructions below.)*

Emergency Contact Information:
(In the event of an emergency, please list the names and telephone numbers below in the order you wish them to be called.)

1. _____

2. _____

PARENTAL/GUARDIAN CONSENT

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 Perris Union High School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connections with my child's participation in this activity.

I **DO** permit my child to go on this field trip/excursion.

I **DO NOT** permit my child to go on this field trip/excursion. I understand that my child can receive an alternative instructional assignment, if appropriate.

Signature of Parent/Guardian

Date

Signature of Student

Date