

San Mateo Union High School District

Student Name: _____
I.D. # _____ **Grade:** 9 10 11 12

*Parental Consent for
Student to Participate in a
School Sponsored Field Trip*

Field Trip Title: Bret Harte Invitational (Angels Camp, CA)

TO BE COMPLETED AND RETURNED THREE WEEKS BEFORE DATE OF TRIP

General Rules Governing All School Sponsored Field Trips:

1. All trips leave from and return to the school. Students are responsible for their own transportation from the school to their homes after the trip.
2. Students will return on the bus or in the car with the faculty member or approved school volunteer aide with whom they left the school.
3. Under **NO circumstances are students allowed to drive other students** to or from the field trip location.
4. All students will remain with the group at all times.
5. School regulations concerning student dress will be observed on the trip unless students are instructed otherwise by the faculty member in charge.
6. Students will observe all school rules and regulations concerning behavior.
7. The faculty member in charge will establish trip rules, which will be observed by all students.
8. Parents/guardians approval is required for the student to participate in the trip.

Field Trip Information:

Trip to: Bret Harte Union High School, Angels Camp, CA Date(s): 4/24/15 to 4/26/15

Depart Time: 4/24/15 12:30 p.m. Return Time: 4/26/15 3 p.m. Periods Missed: 0 1 2 3 4 5 6 7

Description: Compete in a Track and Field event on early morning of 4/25/15. It is an all day event.

Education code 1081.5, when you give your written permission that your child may go on a field trip, you have waived all claims against the district or the State of California for injury, accident, illness or death occurring during or by reason of the field trip.

Parent/Guardian Consent

I _____ have read and understand all the stipulations concerning the field trip and hereby give my
[Print name of Parent/Guardian]
 permission for _____ to attend and participate in said field trip and waive all claims against the district or the
[Print Name of Student]
 State of California for injury, accident, illness or death occurring during or by reason of the field trip. Please note that all adults, not regularly employed by the district, and all 18 year olds accompanying the trip are required to sign the waiver.

Please complete the following (In case of Emergency):

Home Phone Number: (____) _____ - _____ Father's/Guardian's Cell/Work Phone: (____) _____ - _____

Mother's/Guardian's Cell/Work phone: (____) _____ - _____ Emergency Phone: (____) _____ - _____

If medical assistance is necessary for your student. Do you have a preference? YES/ NO If Yes, where? _____

Every effort will be made to abide by your emergency instructions, but if conditions do not allow, the advisor is given permission to make decisions regarding treatment.

Signature of Parent/Guardian & Date

Signature of Student & Date

Student Request for Approval of Absence (To be presented at least three days in advance of the scheduled Field trip.):

Period	Class	Comment	YES or NO	Teacher's Signature
0				
1	Not applicable			
2	No applicable			
3	Not applicable			
4	Not applicable			
5	Not applicable			
6	(4/24/15)			
7	Not applicable			

Academic/Behavior/Eligibility Check: Approved Not Approved _____
[Administrative Signature]

Notice to Student: The student is responsible for completing this form 1 week in advance of the field trip. Students are urged to make up all work for classes BEFORE the field trip occurs and to make arrangements for makeup tests (if applicable) at the time this form is completed.