



FIELD TRIP PERMISSION
EMERGENCY INFORMATION

Date: _____

School: _____

_____ (Teacher/Group/Club) is planning a field trip to (Destination) _____

on _____ from _____ a.m. /p.m. to _____ a.m. /p.m.

The purpose of the field trip is: _____

Your son/daughter will be transported by:

- Walking Private Automobiles LUSD School Bus Commercial Transportation

_____ (My son /daughter's name) has my permission to participate in the field trip on _____ Date of trip)

X _____ Date: _____

(Parent/Guardian's signature permitting field trip)

It is mandatory that every student is offered a nutritious school lunch:

My son/daughter will:

- Have a lunch provided by the cafeteria. Bring a sack lunch from home.

Table with 2 columns: Lunch Category, Price. Rows: Pre-K - 6th (\$2.00), 7th - 12th (\$2.50), Reduced (\$0.40), Free (No Charge)

(TOP HALF OF THE FORM TO REMAIN IN SCHOOL OFFICE)

(TEACHER SHALL CARRY BOTTOM PART OF FORM WHILE ON FIELD TRIP)

PARENT/GUARDIAN: You must check line 1 or 2 to indicate action desired in the event of an accident or emergency.

1. In the event of an accident or other emergency when a parent/guardian is unavailable, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon.

I understand and acknowledge that in order to participate in these activities, my son/daughter and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

I understand, acknowledge, and agree that the District, its employees, officers, agents, or volunteers shall not be liable for any injury/illness suffered by my son/daughter which is incident to and/or associated with preparing for and/or participating in this activity.

THE UNDERSIGNED HEREBY AGREES TO BEAR ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.

Physician's Name: _____ Phone Number: _____

Health Insurance Provider: _____ Group ID#: _____

2. I do not choose the above statement and desire the following action:

PARENT/GUARDIAN: Please indicate any physical/medical problems to be considered regarding this trip or any other necessary emergency treatment (medications, allergies, conditions, etc.)

_____ (Student's Name) School: _____ Date: _____

X _____ Home Phone: _____ Alternate Phone: _____

(Parent/Guardian's signature allowing action indicated)

BOTH TOP HALF AND BOTTOM HALF MUST BE FULLY COMPLETED AND SIGNED TO PERMIT STUDENT PARTICIPATION.