

Poway Unified School District
Poway, California 92064

TRIP PERMIT

The activity described below is entirely **VOLUNTARY**. If you, your child, or other invited guest want to participate, it will be necessary to specifically request it. Please complete this application form and return it to the school.

Education Code 35330 provides that any person attending a field trip or excursion must waive all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion Accordingly, I hereby waive all claims which I may have against the Poway Unified School District, its officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the activity described above.

District policy states that students are not allowed to transport other students to/from extracurricular activities.

I, the undersigned, request that the person named below be granted permission to participate in this voluntary activity.

I, the undersigned, request that the person named below *not* participate in the voluntary activity and a suitable alternate assignment will be arranged.

_____ a student/parent at Mt. Carmel High School
(Participant's Name) (Name of School)

Wishes to participate in CETA High School Theatre Festival
(activity name or description)

from Jan 13th 1 1 pm ~~am~~/pm to Jan 15th 8:30 pm ~~am~~/pm
(date) (time) (date) (time)

or during _____ / Transportation will be provided by:
(specify the semester or season)

School Bus Charter Bus Private Auto Other _____

Medical Authorization: In the event of an accident or sudden illness, the school district has my permission to render whatever emergency medical treatment might be deemed necessary for my child.

Date Signature of Parent or Guardian (_____) Primary Phone Number

Work Phone Number

Date Signature of Student (if over 18 years of age)

Instructions: This form is intended for trip participants other than PUSD employees, including students, parents, and their approved guests. Give to Principal or designee who retains signed copy on file for one year from date of the event.

Student's Name _____ Today's Date _____

Sponsoring Advisor WALKER

Special information concerning this activity WEEKEND TRIP (3 DAY, 2 NIGHT)

Student Health - Prescription and nonprescription (over-the counter) medications shall not be taken on this trip without written authorization from both the physician and parent.

➔ **PUSD Form H-26b** must be completed and on file in the health office

Medication(s) required for this activity?

No

Yes - Must have completed authorization, on file in the health office, with copy attached to this form

Sponsoring Advisor: The Health Technician must review this form at least five days prior to field trip

➔ Health Services Technician Initials

Please complete the following "In Case of EMERGENCY" information:

Parent/Guardian Name _____
Home Phone _____
Work Phone _____
Mobile Phone _____

Parent/Guardian Name _____
Home Phone _____
Work Phone _____
Mobile Phone _____

Additional Emergency Contact Name _____
Home Phone _____
Work Phone _____
Mobile Phone _____

Faculty (This section must be completed for each class the students will miss)

The above named student will be participating in a field trip on _____

During periods _____ through _____

Please initial below indicating your approval:

Course	Teacher Name	Teacher's Initials
1		
2		
3		
4		
5		
0/other		