

**FREMONT UNIFIED SCHOOL DISTRICT
ELEMENTARY & SECONDARY STUDY TRIP PARENT PERMISSION FORM**

School American High School Date of Trip 7/2/17
Teacher Name Richard F. Wong Departure Time 12pm
Study Trip to Pleasanton Return Time 5pm

The purpose of this trip is to perform at the Alameda County Fair.

ITEMS STUDENTS NEED TO BRING:
red, white, clothing, instruments, equipment, music,
schedule, ~~place~~

Total # of Students 45 Chaperones 1

COSTS:
The cost per student for this trip \$ 0
These costs are paid by (please check)

- Donations
- School Funds
- Student Fund-raiser
- Student Voluntary Donations
- Parent Group Funds
- Other (explain) _____

TRANSPORTATION:

The type(s) of transportation used for this trip will be
(Please check below):
_____ Bus (private) Name of Company _____

_____ District Bus _____ Walking
_____ AC Transit _____ BART
 Parent Drivers (Teacher will obtain adult and
employee insurance, license and driver forms for each parent
driver per district policy)
SPECIAL NOTES No substitute needed

Per Board Policy 6153: (a) No child may attend a study trip who is not enrolled in the class. (b) Parents may not bring older or younger siblings. (c) Parents who drive must go to and from the trip with no unscheduled stops. (d) All students must travel to and from the trip at the same time and with the same driver.

Does your child require special accommodations (e.g. wheel chair, epi pen)? If so, contact your site administrator to review the child's IEP, 504 or ISHP for special accommodations. In the event you are unable to attend the study trip with your student, please contact the site administrator, in writing, at least 4 WEEKS PRIOR TO THE STUDYTRIP.

Please detach and return the bottom of this form to the teacher by: 7/2/17

Failure to return this form will mean your child will be excluded from this trip.

HEALTH INFORMATION AND MEDICATION POLICY

PARENT SIGNATURE BELOW GIVES NOTICE OF HEALTH INFORMATION AND MEDICATION POLICY

DOES YOUR CHILD HAVE ANY MEDICAL/PHYSICAL PROBLEMS? YES ___ NO ___

Please Explain: _____

A special note to parents/guardians: A physician's written authorization is required for all medications.

Will your child require medications on this trip? Yes _____ No _____ If the answer is Yes, you and your physician must complete and return the attached *Medications at School Form D*, in order for your child to participate in the study trip.

PARENT SIGNATURE BELOW GIVES CONSENT FOR TREATMENT

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis of treatment and hospital care that 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, and the undersigned agrees to pay for such medical care whether or not the costs are insured by parents'/guardians' health insurance. School personnel are authorized to call 911 in case of an emergency.

PARENT SIGNATURE BELOW GIVES WAIVER OF CLAIMS

Education Code 35330: "All persons making the trip or excursion shall be deemed to 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 trip or excursion." Therefore, a parent/guardian for him/herself and for his/her child/ward by signature herein below waives any and all claims against F.U.S.D. for injury, accident illness, or death occurring during or by reason of the trip or excursion. Excursions are **voluntary**, and attendance by your child is not mandatory.

"I, the undersigned, the parent or legal guardian of the above named participant, acknowledge that as a condition of my student participating in said activity, agree to indemnify and hold harmless the school, its employees and volunteers, the Fremont Unified School District, its governing board, the individual members thereof, and all other district officers, agents and employees from any liability, lawsuit, cost, expense or claim of any type whatsoever (including attorney's fees) for any harm, injury or death arising out of the above-named study trip."

PARENT SIGNATURE BELOW GIVES AGREEMENT FOR CONSEQUENCES ON THE FOLLOWING RULES

Undersigned agrees that participants are to abide by all rules and regulations governing conduct during the trip and that any violation of these rules and regulations can result in child being sent home at his/her and/or parents'/guardians' expense. I understand that all students going on this trip will be responsible in conduct to the bus driver, teacher, chaperones and, if applicable, adult sponsors, at all times. I understand that **ALL CHAPERONES WILL BE 21 YEARS OF AGE OR OLDER.**

_____ 1. I HAVE READ AND AGREE TO ALL PROVISIONS ON THIS SHEET ABOVE. I GIVE MY CHILD PERMISSION TO ATTEND THIS TRIP TO Pleasanton ON 7/2/17

Phone number where parent can be reached on day of trip: _____ Student's Medical Provider Information: _____

Emergency Contact: Name: _____ Phone _____ Relationship to Student _____

_____ 2. MY CHILD MAY NOT GO ON THIS TRIP. I understand he/she must attend school and will be provided an appropriate placement and school work.

_____ 3. I will _____ will not _____ attend this study trip with my child.

Student's Name (Period)

Parent's Signature

[Handwritten Signature]

Teacher's Signature

[Handwritten Signature]

Principal's Signature

• Class attendance is important. Teachers may incorporate attendance and daily class participation within their grading policies. Study trips are also an important part of the curricula. You need to understand that students are responsible for all missing work. He or she must take the initiative in obtaining missing assignments and submitting completed assignments. Although teachers will, of course, make every effort to assist students who are absent, they cannot deliver individual lectures or demonstrations, instruction or labs to accommodate absenteeism. Grades and class attendance are often directly proportional.

	<u>Subject</u>	<u>Teacher's Signature</u>
1	N/A	_____
2	N/A	_____
3	N/A	_____
4	N/A	_____
5	N/A	_____
6	N/A	_____
0/7	N/A	_____