

FRESNO UNIFIED SCHOOL DISTRICT
Parent Consent for Voluntary Field Trip and Emergency Medical Authorization

To the Principal of _____
School _____ Student Name _____

has my permission to participate in the field trip to _____.

We will be traveling on _____. Departure _____ A.M./P.M. Return _____ A.M./P.M.
List Dates

LUNCH

- Pupil will be at school during lunch
- Pupil should bring sack lunch without liquid
- Other _____

METHOD OF TRANSPORTATION

- Walking
- School bus
- Private Auto
- Other _____

PARENTS PLEASE NOTE:

It is necessary that parents specifically authorize their child to be included in this field trip. While supervision for this event will be furnished by the school, parents are hereby advised that such supervision by school personnel will occur only during the time period stated above. Although the school district will take every precaution to assure the welfare and safety of your child while participating in this activity, it is important you understand that the school district assumes no liability whatsoever in case of injury or accident.

Approval Signature (Parent/Guardian)

Date

(NOTE: TEACHERS DETACH HERE AND TAKE BOTTOM PORTION ON THE FIELD TRIP)

Students Name

Emergency Medical Authorization
(Parent/Guardian please complete)

Should it be necessary for my child to have emergency medical treatment while participating in this trip, I hereby authorize Fresno Unified School District to use their judgment in obtaining emergency medical services for my child. I further authorize any individual selected by Fresno Unified School District personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand that the Fresno Unified School District has no district insurance which pays the medical or hospital costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility. The Fresno Unified School District has previously made available to me student insurance which can be obtained at my own expense.

(Signed) _____
Parent, Guardian or Participating Adult

Address _____

Home Telephone _____

Business Telephone _____

Emergency Telephone _____

- PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE IN THE SCHOOL.

NOTE: This form must be completed for participation in all field trips conducted by Fresno Unified School District within the State of California.