

**LOS ANGELES UNIFIED SCHOOL DISTRICT
PARENTS OR GUARDIAN'S PERMISSION FOR A FIELD TRIP
AND AUTHORIZATION FOR MEDICAL CARE**

To the Principal of _____ School _____

(Student's Name) _____ has my permission to participate in the

field trip to _____ on _____ Date(s)

Departure _____ A.M./P.M. Return _____ A.M./P.M.

Supervising Teacher _____

LUNCH Student will be at school during lunch. Student should bring sack lunch without liquid Other: _____

METHOD OF TRANSPORTATION Walking School bus Private auto Other: _____

PARENTS, PLEASE NOTE:

Section 35330 of the California Education Code states in part

"All persons making the field trip 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 field trip or excursion."

I agree to direct my child to cooperate with directions and instructions of the school district personnel in charge of the activity.

Parent's or guardian's permission signature _____ Date _____

(To be removed by supervising teacher)

AUTHORIZATION FOR MEDICAL CARE

Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

Student's name _____
Home address _____
Home telephone number _____
Business telephone number of parent or guardian _____
Emergency telephone number _____
Authorization signature of parent or guardian _____
Date _____

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE IN THE SCHOOL.

**ALEXANDER HAMILTON HIGH SCHOOL
FIELD TRIP ACTIVITY REQUEST**

Name of student _____

Date of activity _____ Hours _____

Destination _____

Supervising teacher signature _____

Class _____ Period _____ Room _____

	Class	Room	Teacher Signature
Period I			
Period II			
Period III			
Period IV			
Period V			
Period VI			
Period VII			

Comments: The classroom teacher is not required to release a student whose standing in class will be jeopardized by being absent from the class.

Procedure: Teacher conducting the field trip activity is requested to complete the upper portion of this form, circling the class periods from which the student will be absent because of participation in an authorized field trip activity. The student will circulate the request packet for teacher and parent signatures, and return the completed trip slip packet to the supervising teacher prior to the activity.