TUSTIN UNIFIED SCHOOL DISTRICT
PARENT'S OR GUARDIAN'S PERMISSION FOR STUDENT PARTICIPATION IN DISTRICT SPONSORED VOLUNTARY FIELD TRIP/EXCURSION

To the Principal of: Arnold O. Beckman High School (School)

_____ has my permission to participate in the
(Student Name: please print)

(Field Trip /Excursion) Grad Night Party on 5/29/2024 (Date)

Departure time: 9:45 pm A.M. / P.M. Return time: 5 am A.M. / P.M.

Special Instructions: _____
(e.g., Bring sack lunch.)

Supervising Teacher (please print): PTO Advisor

Method of Transportation TO (T) and FROM (F): (PLEASE MAKE NOTE OF BOTH)

_____ Student is **Walking** X Student **will ride on District Bus/Vehicle**

_____ Student will ride in **Private Vehicle** _____ Student will ride with **parents**

_____ Student will **self-drive**

PLEASE NOTE: Section 35330 of the California Education Code states in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims." Participants in the field trip/excursion are to abide by all rules and regulations governing conduct during the field trip/excursion. Failure of a student to comply with rules may result in the student being sent home at the parent/guardian's expense. **Field trips are voluntary and a privilege; students may remain in school at their parent/ guardian's request**.

ASSUMPTION OF RISK: By signing below, I agree to waive all claims and liability against the Tustin Unified School District, its Board members, administrators, officers, agents, and employees, which may result from my child's participation in the field trip/excursion and acknowledge that the field trip/excursion and its activities may expose my child to potential harm including injury or death.

MEDICAL TREATMENT AUTHORIZATION: I understand that the field trip/excursion, by its very nature, includes certain risks and could cause minor injury, major injury, and serious injury to the student, including permanent disability and death. In the event of illness or injury to the student, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, emergency transportation, and hospital care of student considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

_____ Student has no special health needs the staff should be aware of, and no medication is required during this class/activity.

_____ Student has a special need, and instructions are attached. Number of attached pages: _____.

_____ Other: _____

Medical Insurance Carrier: _____ Policy Number: _____
(e.g., Blue Cross)

In the event of an **emergency**, please contact:

_____ _____ Work: ( ) _____
(Name) (Relationship) Home: ( ) _____
Cell: ( ) _____

_____ _____ _____
Signature of Parent/Guardian **Please Print Name** **Date**

_____ _____ _____
Signature of Student **Please Print Name** **Date**

THIS IS TUSD