

BONITA UNIFIED SCHOOL DISTRICT
PERMISSION TO PARTICIPATE IN SCHOOL FIELD TRIPS/EXCURSIONS

(circle one)

MEN'S

WOMEN'S

CHAMBER

CONCERT

CHORALE

Students Name: _____

Class Attending: CHOIR

Teacher in Charge: HELM

Date of Events: 2018 - 2019 school year

Means of Transportation: BUS

Should it be necessary for my child to have medical treatment while participating in this school activity, I hereby give the school personnel permission to use their judgment in obtaining medical service for the child. Further, I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician, at my expense.

Under the provisions of Ed. Code 35330 "All persons making the field trip excursion shall be deemed to have waived all claims against the accompanying school personnel, district or the State of California for injury, accident, illness, or death occurring during or by any reason of the field trip or excursion."

I have read and understood the foregoing statements, agreeing to assume the responsibility stated and waived all claims as indicated.

Existing medical conditions or medications your child is taking:

Signature of parent or guardian

Date

Home phone

Work phone

Emergency phone