## FREMONT UNION HIGH SCHOOL DISTRICT 589 West Fremont Ave., Sunnyvale, CA 94087 408-522-2200

## PARENT/GUARDIAN FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION (Minor)

District-Sponsored Event (Attendance Voluntary)

Student's Name	)	has my pe	ermission to go on the fol	lowing <b>voluntar</b>	<b>y</b> field trip:
			e: R	eturn Time:	
Person in Ch					
Health Need	s: Initial and Comp				
	My student has $\underline{\text{NO}}$ special health needs the staff should be aware of, and $\underline{\text{NO}}$ medication is required on the trip.				
	My student has and the followin written instruction	a special health n g medication sho ons from the stude	need, uld be given the person i ent's attending physician	n charge along v	vith
surgical or of judgment of	dental diagnosis of the attending phys	or treatment and ician, surgeon, o	sent to whatever x-ray extends to whatever x-ray extends to hospital care are con reprised and performed callity furnishing medical o	sidered necessaby or under the	ary in the best supervision of a
As stated in Union High claims, whicl	n California Educ School District, its n may arise out of,	cation Code Se officers, agents or occur, in conne	ection 35330, I unders and employees, harmle ection with my student's	stand that I ho ess from any ar participation in th	ld the Fremont nd all liability or nis activity.
student has student's act all rules an regulations possible sus	free time and is tivities or behavior d regulations go may result in that spension or expuls y automobiles ope	unsupervised, and during this free to the transfer on duct to the transfer of	may be periods of time nd that the District ass time. I fully understand during the trip. Any g sent home at his/her lt is further understood employees, adult volun	umes no respondents that participants violation of the and/or parents that the above	nsibility for the are to abide by nese rules and s' expense and named student
and that reas precaution ta	sonable attempts v	vill be made to sa tors can ensure th	nt, it is realized that field afeguard students and educed his safety if the student down actions.	quipment, but the	at no amount of
Parent/Guard	dian Signature	Date	Student Signature		Date
Address			Telephon	е	Date
Family Healt	h Insurance Carrie	r	Policy Nu	mber	
Address		City/State		Zip	
MAIN LANG	UAGE SPOKEN II	N HOUSEHOLD:			
EMERGENC	CY CONTACT:	Name and Telephor	ne		

Yellow: Staff/Trip

Distribution: White: School Site Form 6153.6 (Rev. 5/01, 8/05, 10/07)

Pink: Parent/Guardian/Student

Field Trip Permission 6153.6 [5/09-5000]