

Student Last Name _____

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)

_____ Has my permission to go on the following voluntary field trip:
Student's Name _____

Parent Initials	Destination	Date(s)	Departure Time	Return Time
	Senior Prom- Horn Blower, SF	May 13, 2017	6:00 PM	1:00 AM
	Senior Picnic- Boardwalk, SC	May 30, 2017	9:00 AM	6:00 PM

Person in Charge: _____

Health Needs: Initial and Complete as appropriate.

_____ My student has NO special health needs the staff should be aware of, and NO medication is required on the trip.

_____ My student has a special health need, _____ and the following medication should be given the person in charge along with **written** instructions from the student's attending physician:

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

As stated in California Education Code Section 35330, I understand that I hold the Fremont Union High School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of, or occur, in connection with my student's participation in this activity.

I also understand and am fully aware that there may be periods of time during this activity in which my student has free time and is unsupervised, and that the District assumes no responsibility for the student's activities or behavior during this free time. I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violation of these rules and regulations may result in that individual being sent home at his/her and/or parents' expense and possible suspension or expulsion from school. It is further understood that the above-named student may travel by automobiles operated by District employees, adult volunteers, or other licensed drivers, including students.

As parents/guardians of the above named student, it is realized that field trips have certain risks involved and that reasonable attempts will be made to safeguard students and equipment, but that no amount of precaution taken by the instructors can ensure this safety if the student does not obey and cooperate and is unable to accept the responsibility for his/her own actions.

Parent Guardian Signature Date Student Signature Date

Address Telephone

Family Health Insurance Carrier Policy Number

Address City/State Zip

MAIN LANGUAGE SPOKEN IN HOUSEHOLD: _____

EMERGENCY CONTACT: _____
Name and Telephone