

Poway Unified School District
Poway, California 92064

TRIP PERMIT

The activity described below is entirely **VOLUNTARY**. If you, your child, or other invited guest want to participate, it will be necessary to specifically request it. Please complete this application form and return it to the school.

Education Code 35330 provides that any person attending a field trip or excursion must waive all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. Accordingly, I hereby waive all claims which I may have against the Poway Unified School District, its officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the activity described above.

District policy states that students are not allowed to transport other students to/from extracurricular activities.

I, the undersigned, request that the person named below be granted permission to participate in this voluntary activity.

* _____ a student / parent at Westview High School School
(Participant's name) (Name of School)

wishes to participate in Westview Key Club Service Activities and Projects
(activity name or description)

from N/A / N/A am/pm to N/A / N/A am/pm
(date) (time) (date) (time)

or during 2013-2014 School Year. Transportation will be provided by:
(specify the semester or season)

☐ School Bus ☐ Charter Bus ☒ Private Auto ☐ Other _____

Medical Authorization: In the event of an accident or sudden illness, the school district has my permission to render whatever emergency medical treatment might be deemed necessary for my child.

* {

Date Signature of Parent or Guardian () Home Phone Number

Work Phone Number

Date Signature of Student (if over 18 years of age)

Instructions: This form is intended for trip participants other than PUSD employees, including students, parents, and their approved guests. Give to Principal or designee who retains signed copy on file for one year from date of the event.

* Student's Name _____

* Today's Date: _____

Sponsoring Teacher: N/A

Special information concerning this activity: None

Are medications required for this activity? _____ NO _____ YES

If "Yes" please indicate:

Medication _____

Dosage _____ Time to administer _____

**FILL OUT THIS ENTIRE
BOX, EVEN IF YOU
HAVE NO REQUIRED
MEDICATIONS**

**PRESCRIPTIONS AND NONPRESCRIPTION MEDICATIONS SHALL NOT BE TAKEN ON
THIS TRIP WITHOUT WRITTEN AUTHORIZATION FROM THE PHYSICIAN AND PARENT.**

We will attempt to contact the following as appropriate:

Family Doctor _____

Phone Number _____

Health Insurance Carrier _____

Health Insurance Card# _____

Emergency Contact (other than parent) _____

Phone Number _____

Parent Signature for Consent _____

Parent Home Phone # _____

Parent Work Phone # _____