Acalanes Union High School District
PARENT AUTHORIZATION OF STUDENT FIELD TRIP

This form must be on file in the attendance office 72 hours prior to trip. In no case will the student be permitted on the field trip if the form is not on file with the parent/guardian signature.

School: _____

Student Name: _____ Grade: _____

Destination and Purpose: _____

Date of Trip: _____ Departure Time: _____ Return Time: _____

Method of Transportation: _____ Staff Sponsor: _____

Period of Absence: Sponsoring staff member must draw lines through period below not included.

Period	1	2	3	4	5	6	7

PARENT APPROVAL

The parent/guardian(s), by acknowledging this field trip authorization, fully understands and recognizes that the student's participation in this field trip is **strictly voluntary, not** required attendance.

All persons making the field trip or excursion shall be deemed to have waived all claims against the District 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 such claims.

Field Trip Regulations:

1. Students shall obey all transportation rules while on the trip including returning to school by the same form of transportation as departure, unless prior written permission is granted by site administrator to return with parent/guardian.
2. Students shall comply with all applicable school and District rules throughout the course of the field trip.
3. Students may be denied future field trips and be sent home, at the parent/guardian(s) expense, if field trip rules are not observed.
4. Sponsors and adult chaperones will discuss field trip rules and safety with students prior to the field trip.
5. Sponsors will be responsible for obtaining all field trip authorization forms, as well as transporting this information on the field trip.

❖ **For additional field trip forms, please refer to the District website acalanes.k12.ca.us.**

I certify that all Emergency Medical Information on file with the District is current as of the date of this trip.

_____ _____

Parent/Guardian Signature Date

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STUDENT FIELD TRIP AUTHORIZATION

EMERGENCY MEDICAL INFORMATION

Student's Name: _____ Date: _____

School: _____ Grade: _____

Parent/Guardian: _____ Home Phone: _____

Work Phone #1: _____ Work Phone #2: _____

Name of Physician: _____ Physician Phone: _____

Name of Dentist: _____ Dentist Phone: _____

Medical Insurance Company: _____

Group/Coverage Number: _____

Allergic to the following: _____

Taking the following medication(s): _____

Special Instructions:

I hereby give my consent to the Acalanes Union High School District to authorize any emergency medical treatment, including any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care needed to be rendered on the advice of any physician, surgeon, medical practitioner, or under provisions of the Dental Practice Act.

_____ _____

Parent/Guardian Signature Date

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