



**Parent/Guardian Permission, Waiver and Medical Authorization (Minor) for Day Trips Sponsored by**

PALO ALTO UNIFIED SCHOOL DISTRICT  
25 Churchill Avenue, Palo Alto, CA 94306

**If you feel it is inappropriate for your student to attend, please contact the sponsor of the trip.**

\_\_\_\_\_ has my permission to participate in the following field trip:

Student's Name \_\_\_\_\_

Destination \_\_\_\_\_

Date \_\_\_\_\_ Departure Time \_\_\_\_\_ Return Time \_\_\_\_\_

Purpose of the trip \_\_\_\_\_

\_\_\_\_\_

Person(s) in charge \_\_\_\_\_

Transportation Carrier(s) /arrangements \_\_\_\_\_

**Health Needs: Parent/Guardian to INITIAL as appropriate**

\_\_\_\_\_ In the event I cannot be reached, I authorize the person in charge to obtain the necessary medical aid from a licensed physician at my own expense, understanding that certain expenses may be covered by the School District's Student Accident coverage.

Yes       No

\_\_\_\_\_ I authorize the following persons to act on my child's behalf:

Name _____	Contact Number _____
MD Name _____	Contact Number _____

\_\_\_\_\_ If my student requires taking medication(s) during school hours and/or day field trips, please complete the form "**Medications Required During School Hours/Day Field Trips.**"

\_\_\_\_\_ My student has *no* special health needs the staff should be aware of and no medication is required on the field study.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

I agree that any cost for medical care for my student for illness or accident is my own responsibility. I understand that certain expenses for medical care may be covered by the School District's Student Accident coverage. I authorize the School District to bill me, upon the return of my student from the day trip, for reimbursement of any expenses for medical care for my student that are paid for by the School District during the trip.

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

\_\_\_\_\_ Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Address \_\_\_\_\_

\_\_\_\_\_ Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

\_\_\_\_\_ Mobile Telephone \_\_\_\_\_ Other Telephone \_\_\_\_\_

**PLEASE RETURN THIS FORM TO THE SPONSORING STAFF PERSON AT THE SCHOOL**