

HUNTINGTON BEACH CITY SCHOOL DISTRICT

Parent Permission for District Sponsored Voluntary Field Trip  
and Authorization for Medical Treatment

Date 10/15/19

Student's Name \_\_\_\_\_ has permission to participate in the following field trip:

Destination/Nature of Activity: Tanaka Farms Pumpkin Patch

Special Instructions: long pants, closed toe tennis shoes, Wear sunscreen bring water ☺

Departure Date/Time \_\_\_\_\_ Return Date/Time \_\_\_\_\_ Grade \_\_\_\_\_

Person in Charge: Team Kinder Position: teachers School: Seacliff elem

Type of Transportation:  School Bus/Vehicle  Walking  Other \_\_\_\_\_

Health or Special Needs: Check Appropriate Box

<input type="checkbox"/>	My student has no special health needs and no medication is required on the field trip
<input type="checkbox"/>	My student has a special need and instructions are attached. Number of attached pages _____
<input type="checkbox"/>	Other: _____

In the event of illness or injury, I hereby consent to whatever medical treatment considered necessary in the best judgment of the attending physician.

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

A sack lunch can be ordered from the Food Service Department for your student. You will be charged according to their eligibility (free, reduced, or full pay). To order a sack lunch you can download a form at [http://district.schoolnutritionandfitness.com/huntingtonbeachcsd/files/SACK\\_LUNCHES.pdf](http://district.schoolnutritionandfitness.com/huntingtonbeachcsd/files/SACK_LUNCHES.pdf) or obtain a hardcopy from your school office. Please complete the form and submit to your school office at least one week prior to the field trip with payment or authorization to charge your students account.

As provided for in California Education Code Section 35530, I agree to waive all claims against the Huntington Beach City School District and the 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. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the district, its employees or agents.

Parent/Guardian Signature \_\_\_\_\_ (Please print name) Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Student's Signature \_\_\_\_\_ Student's Date of Birth \_\_\_\_\_

In the event of an emergency please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_