

HUNTINGTON BEACH CITY SCHOOL DISTRICT

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

Date 6/17/20

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

Destination/Nature of Activity: Walk to the Park

Special Instructions: Walking shoes, sunscreen & a lunch

Departure Date/Time ~10 Return Date/Time ~12 Grade K

Person in Charge: Strickland Ortiz Britta Lewis Position: teacher School: Seaside

Type of Transportation: School Bus/ Vehicle X Walking Other

Health or Special Needs: Check Appropriate Box

Table with 2 columns and 3 rows for health/special needs: My student has no special health needs... My student has a special need... 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 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