

Student Permission Form

Norwalk-La Mirada Unified School District
12820 Pioneer Blvd., Norwalk, CA 90650

PARTICIPATION IN VOLUNTARY SCHOOL-SPONSORED TRIP PARENT PERMISSION, STATUTORY LIABILITY WAIVER, AND MEDICAL TREATMENT AUTHORIZATION FOR 2023-2024 SCHOOL YEAR

School: **Benton**

Teachers: _____ Grade: **6**

Student's Name: _____ has permission to participate in voluntary school-sponsored trip/s.

Destination/Nature of Activity: **THREE OAKS Outdoor Science School, Arrowhead, California**
(Please be specific, e.g., Concert at Norwalk-La Mirada Arts Center)

Special Instruction/Information: ***Please refer to packing list for specific information***

Departure Date: **Mon. 10/16/23** Time: **8:50 a.m.*** Return Date: **Fri. 10/20/23** Time: **approximately 1:00 p.m.** ***(Parents pick up students from school)***
**** (Please meet at school in the MPR at 8:30 am with your sleeping bag & duffel bag)***

Person in charge: **Ms. Alcalá** Position: **Asst. Principal** School: **Benton**

Type(s) of Transportation: ☒ **School Bus/Vehicle** ☐ Walking ☐ Other

Parents will be notified at least five (5) school days in advance of the nature of the activity, destination, any special instructions, person(s) in charge and position, departure and return date(s), and type of transportation.

Health or special needs (Check as appropriate):

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

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist, and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. It is also understood that students will go and return from the event on the transportation provided.

The information provided on this permission form is valid throughout the current school year unless I notify the teacher, in writing, of any changes. I will notify the teacher in writing at least 48 hours in advance of the trip/excursion date, if my child is NOT to participate. I fully understand that participation in this field trip is voluntary and that alternative educational activities will be provided at school.

This field trip is governed by the provisions of California Education Code Section 35330 which provides as follows: "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." I agree to waive all claims in accordance with that Section. I fully understand that participation in this field trip is voluntary and that alternative educational activities will be provided at the school.

(Signature of Parent/Guardian) (Please Print Name) (Date) Work Phone () _____
Home Phone () _____

(Signature of Student) (Please Print Name)

Family Medical Insurance Carrier: _____ Policy Number: _____

In the event of an emergency, please contact:

(Name) (Relationship) Work Phone () _____
Home Phone () _____