

Natomas Unified School District - Natomas Charter School
PARENT PERMISSION FOR STUDENT FIELD TRIP

Program: Leading Edge Date: _____

Teacher's Name: _____ Class: _____

Field Trip Destination: _____

Depart Date: _____ Time _____ am/pm Return Date: _____ Time _____ am/pm

TRANSPORTATION will be provided by:

____ NUSD Bus ____ Private Vehicle ____ Walking ____ Chartered Bus ____ Commercial Transportation

If the trip is not during the regular school day or begins or ends outside regular school hours, parents are required to arrange for transportation to and from school or point of departure and return.

(The Natomas Charter School makes every effort to protect all pupils, but does not assume any liability for injury)

Waiver: California law states: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district (it's employees) or the State of California for injury, accident, illness, or death occurring during or by reasons of the field trip or excursion. All adults taking out-of-state 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." (Education Code 35330)
 My signature on this form shall constitute an informed and knowing waiver as required by law.

_____ has my permission to participate in the field trip to
 (Student's Name)

_____ on _____
 (Destination) (Date) (Parent/Guardian's Signature)

(Please cut here)

Emergency Information: PLEASE CHECK 1 OR 2 BELOW TO INDICATE ACTION IN THE EVENT OF ACCIDENT OR EMERGENCY:

 (Student Name) (Home Phone #) (Emergency Phone #)

1. In the event of an accident or other emergency, when a parent/guardian is unavailable, I hereby authorize a representative of the Natomas Charter School to make such arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available at any time, I authorize such care and treatment to be performed by any licensed physician or surgeon. **THE UNDERSIGNED PARENT/GUARDIAN FULLY UNDERSTANDS HE/SHE IS RESPONSIBLE TO PAY ALL COSTS INCURRED AS A RESULT OF THE FOREGOING.**

Physician's Name _____ Phone Number _____

Medical Plan Name _____ Record No. _____

2. I do not choose the above statement and desire the following action: _____

My son/daughter has the following medical condition and/or allergies:

Parent/Guardian's Signature _____ Date: _____

(THIS HALF OF FORM TO BE CARRIED BY TEACHER ON FIELD TRIP)