

FIELD TRIP PERMISSION FORM

Dear Parents/Guardians:

On _____, your student will be going to _____.
(date) *(destination)*

Transportation will _____ and your student will leave
(method of transportation)
school at _____ and return at approximately _____.
(time departing) *(time returning)*

Any questions or concerns, please contact _____ or _____.
(Teacher/ phone #) *(Program Admin./ phone #)*

(Detach and keep)

(Return to your child's teacher)

_____ has my permission to participate in a field trip to _____
on _____.

I understand that under Education Code section 35330, my student is deemed to have waived all claims against the Contra Costa County Superintendent of Schools, the Contra Costa County Board of Education, their officers, agents, and employees for injury, accident, or illness that occur during or by reason of participation in this field trip.

The teacher will ensure that staff members who will accompany students will take student emergency cards and a first aid kit on this trip. In case of an accident or emergency, I authorize the school to seek medical, surgical, or hospital attention for my student. It is understood that every attempt will be made to contact me before taking this action.

Telephone No. _____
(work) *(home)* *(emergency)*

Special instructions for my student on this trip: _____

Signed _____ Date _____
(parent or guardian)

Print Name: _____

Note: At completion of the field trip, this form will be filed in the student's cumulative file.

