LOS ANGELES UNIFIED SCHOOL DISTRICT PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE - IV.D. TRIP SLIP

To the Principal of Fairburn Elementary School:

(Student's Name)	has my	permission to	part	icipate in the
field trip to		on	1	/20
field trip to Departure:	A.M./P.M.	Return:		A.M./P.M.
Supervising Te	acher			
Student will be PARENT MUST CHEC My child is requestin I will send approp child's meal eligi	at school during lunch off-site during lunch CK OPTION BELOW: g a lunch from the Cafiriate payment based or bility (free, reduced, further sack lunch without liques	Student Student Studen Stude eteria, n my Ill price)	is wal will ric ent wil	RANSPORTATION king le in Private Vehicle I ride on School Bus
	MPLETED BY PARENT AND			ate SING TEACHER)
Should it be necessary for medical care while partic hereby give the School Deprinission to use their jumedical care for the child permission to the physicia School District personnel care deemed necessary aphysician. I understand the minimal (\$1500) excess insurance for 1-day field to conducted under the consimmediate supervision of authorities and that injurie under direct and immedia is not covered. I also under trips where constant, diresupervision isn't possible students to be insured under the core supervision isn't possible students to be insured under the core authority where constant, diresupervision isn't possible students to be insured under the coverage.	r my child to have ipating in this trip, I istrict personnel dyment in obtaining and I give an selected by the to render medical and appropriate by the nat the District carries student accident trips which are tant, direct and designated school as sustained while not the school supervision erstand that for field ct and immediate the District requires der separate, "Short	Home Address: Home Telephone No Business Telephone No. Emergency Tel. No.(Authorized Signature Parent or Guardian' Date	(e of Pa	e (please print)
	HERE IF INSTRUCTION ON THE INTERIOR OF THE IN	THE SCHOOL.		

PARENTS, PLEASE NOTE:

Section 35330 of the California Education Code states in part:

"All persons making the field trip 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."

Accident insurance can be purchased for a minimum daily rate by contacting the school.

I agree to direct my child to cooperate with directions and instructions of the School District personnel in charge of this

LOS ANGELES UNIFIED SCHOOL DISTRICT PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE - IV.D. TRIP SLIP

To the Principal of Fairburn Elementary School:

(Chudantia Nama)	has my	permission to p	participate in the
field trip to		on	/ /20
Departure:	A.M./P.M.	Return: _	A.M./P.M.
Supervising Te	acher		
Student will be PARENT MUST CHE My child is requestir I will send approp child's meal elig	e at school during lunch e off-site during lunch CK OPTION BELOW: ng a lunch from the Cafe oriate payment based or ibility (free, reduced, fu sack lunch without liqu	Student is Student w Studen Studen of the first student is of the first st	F TRANSPORTATION s walking rill ride in Private Vehicle nt will ride on School Bus
(INFORMATION TO BE CO	an's permission sign		Date PERVISING TEACHER)
Should it be necessary for medical care while partic hereby give the School E permission to use their ju medical care for the child permission to the physici School District personne care deemed necessary physician. I understand timinimal (\$1500) excess insurance for 1-day field conducted under the consimmediate supervision of authorities and that injurie under direct and immedia is not covered. I also unc trips where constant, dire supervision isn't possible students to be insured un Term 24-Hour" coverage	or my child to have cipating in this trip, I District personnel ddgment in obtaining I, and I give an selected by the I to render medical and appropriate by the hat the District carries student accident trips which are stant, direct and i designated school es sustained while not ate school supervision derstand that for field act and immediate e, the District requires der separate, "Short e.	Home Address: Home Telephone No(. Business Telephone No.(_ Emergency Tel. No.(_ Authorized Signature Parent or Guardian's Date	
PLEASE CHECK FOR THE STUDE FORM 34-EH-17 REV. 8/0	ENT ARE ON FILE IN T	THE SCHOOL.	MEDICAL TREATMENT

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I agree to direct my child to cooperate with directions and instructions of the School District personnel in charge of this activity.