

**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:

\_\_\_\_\_ has my permission to participate in the  
(Student's Name)  
field trip to \_\_\_\_\_ on \_\_\_\_ / \_\_\_\_ /20  
Date(s)  
Departure: \_\_\_\_\_ A.M./P.M. Return: \_\_\_\_\_ A.M./P.M.  
Supervising Teacher \_\_\_\_\_

**LUNCH**

- Student will be at school during lunch  
 Student will be off-site during lunch

**PARENT MUST CHECK OPTION BELOW:**

- My child is requesting a lunch from the Cafeteria,  
I will send appropriate payment based on my  
child's meal eligibility (free, reduced, full price)  
 My child will bring a sack lunch without liquid.

**METHOD OF TRANSPORTATION**

- Student is walking  
 Student will ride in Private Vehicle  
 Student will ride on School Bus  
 Other \_\_\_\_\_

\_\_\_\_\_  
Parent's or guardian's permission signature Date  
(INFORMATION TO BE COMPLETED BY PARENT AND TO BE REMOVED BY SUPERVISING TEACHER)

**AUTHORIZATION FOR MEDICAL CARE**

Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the District carries **minimal** (\$1500) excess student accident insurance for 1-day field trips which are conducted under the constant, direct and immediate supervision of designated school authorities and that injuries sustained while not under direct and immediate school supervision is not covered. I also understand that for field trips where constant, direct and immediate supervision isn't possible, the District requires students to be insured under separate, "Short Term 24-Hour" coverage.

Student Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Telephone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Business Telephone No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Emergency Tel. No. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
\_\_\_\_\_  
Authorized Signature of Parent or Guardian  
\_\_\_\_\_  
Parent or Guardian's Name (please print)  
\_\_\_\_\_  
Date \_\_\_\_\_

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE IN THE SCHOOL.  
FORM 34-EH-17 REV. 8/05 STK No. 818901 125-89159-5 (ENGLISH/SPANISH)

**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 activity.

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Authorized Signature of Parent or Guardian  
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Parent or Guardian's Name (please print)  
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