

Due Date:  
**MAY 25**

**SAN LUIS COASTAL UNIFIED SCHOOL DISTRICT  
PARENT/GUARDIAN APPROVAL FOR FIELD/STUDY TRIP PARTICIPATION  
AND AUTHORIZATION FOR EMERGENCY TREATMENT OF MINOR**

**Form must be completed and signed by the principal/designee prior to the field/study trip.**

STUDENT \_\_\_\_\_ SCHOOL SLOHS CLASS/ACTIVITY SENIORS  
PRINCIPAL/DESIGNEE APPROVAL \_\_\_\_\_ FIELD/STUDY TRIP Senior Picnic  
TEACHER/SUPERVISOR Craig Stewart CURRICULAR  EXTRACURRICULAR   
DATE(S) OF TRIP June 6, 2018 DEPART 9:00 am RETURN 2:00 pm  
TRANSPORTATION  District Vehicle  Private Vehicle  Charter Bus/Van  Walking Trip  
LOCATION CUESTA PARK, 2400 Loomis St. San Luis Obispo, CA  
SWIMMING, supervised by a Red Cross certified lifeguard, will be a permitted activity on this field/study trip.  Yes  No

**APPROVAL FOR STUDENT'S PARTICIPATION IN FIELD/STUDY TRIP**

My child named above has my permission to participate in the above field/study trip sponsored by the San Luis Coastal Unified School District, including side trips connected therewith. It is my understanding that this field/study trip is made pursuant to the provisions of Education Code Sections 35330 and 35350 and that such sections provide that all persons making the field/study trip shall be deemed to have waived all claims against the San Luis Coastal Unified School District, the San Luis Obispo County Superintendent of Schools, and the State of California for injury, illness, or death occurring during or by reason of the field/study trip. It is my further understanding that students will be under school supervision during this trip and transportation is being furnished as indicated above and authorized by the San Luis Coastal Unified School District.

**HEALTH CONDITIONS/ALLEGIES OR SPECIAL NEEDS:**

- My student has no special health needs the staff should be aware of, and no medication is required on the trip.  
 My student has a special health need, and instructions are attached. If yes, please contact Nurse as soon as possible.

**AUTHORIZATION FOR EMERGENCY TREATMENT OF MINOR**

In the event reasonable attempts to contact me/us (parents/guardians) are unsuccessful, or until a parent/guardian can directly respond to the treatment facility or physician, I, the undersigned parent/guardian, grant full authorization for (1) the administration of any medical treatment deemed to be necessary by a medical physician or dentist; and (2) the transfer of my child to any medical physician or dentist for diagnosis or treatment; and (3) the transfer of my child to any licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance for any specific diagnosis, treatment, or hospital care required but is given to provide authority and power on the part of school authorities and medical/dental providers to give reasonable care. I also hereby agree to release and hold harmless any medical or dental provider from any and all liability except for liability arising from the sole negligence of the medical provider administering emergency medical treatment authorized by this document.

This authorization is effective from \_\_\_\_\_ through \_\_\_\_\_ Emergency contact: \_\_\_\_\_  
(Date) (Date)

Student's Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Emergency phone(s): \_\_\_\_\_

Student's primary physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health insurance and policy/group number: \_\_\_\_\_

I understand and acknowledge that if these activities, by their very nature, pose the potential risk of serious injury/illness to individuals who participate in such activities; that some of the injuries/illnesses that may result from participating in these activities include, but are not limited to, the following: sprains/strains, fractured bones, unconsciousness, head and/or back injuries, paralysis, loss of eyesight, communicable disease, or death; that participation in these activities is completely voluntary and as such is not required by the San Luis Coastal Unified School District for course credit or for completion of graduation requirements; and that in order to participate in these activities, my child and I agree to assume liability and responsibility for any and all potential risks that may be associated with participation in such activities.

If **SWIMMING** is a permitted activity on this field trip,  **YES**, my child may participate.  **NO**, my child may not participate.

**Approval of Parent/Guardian: RETURN NO LATER THAN 05/25/18**

**FORM MUST BE SIGNED FOR  
STUDENT TO GO ON TRIP.**

\_\_\_\_\_  
Parent/Guardian Print Name

\_\_\_\_\_  
Parent/Guardian Signature

