

FOUNTAIN VALLEY SCHOOL DISTRICT

FIELD TRIP PERMISSION FORM

KEEP THIS TOP PART

The **FVMB** will attend a field trip to _____ on _____

Call Time is _____ a.m./p.m. Meeting at _____ and returning at _____ a.m./p.m.

Staff and Chaperones will continuously monitor students.

According to Education Code Section 35330, all persons making the field trip or excursion shall be deemed to have waived all claims against the Fountain Valley School District or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All student field trips are voluntary.

Please sign the consent form below and return it to the FVMB with your child. Keep this top portion for your reference. Use the web site for information at: www.fvhsmusic.com and **click on the FVMB logo.**

Sincerely,

Rudy Arevalos, Fountain Valley School District Teacher

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RETURN THIS BOTTOM PART

FIELD TRIP PERMISSION FORM

My child, is permitted to be transported on a field trip to ___

on _____ at _____ am/pm and returning at approximately _____ am/pm.

Please be aware of my child's special health needs as noted:

Allergies, Diabetes, etc.

Type of medication:

Dosage:

My child has no special health needs.

In the event of injury, the school supervisor has my permission to secure on-site medical treatment. The parent/guardian will be contacted as soon as possible for direction. I will be responsible for payment of medical services rendered **INCLUDING** the use of my medical insurance. I acknowledge that all field trips are voluntary, and Education Code Section 35330 states that all persons making a field trip or excursion shall be deemed to have waived all claims against the District or State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.

Signature of parent/guardian: Date:

Cell # _____ Home Phone # _____ Work Phone # _____

Middle School of Student _____