

P. O. Box 955
109 Beckwith Road
Loyalton, Ca 96118
Phone: (530) 993-1660

SIERRA-PLUMAS JOINT UNIFIED SCHOOL DISTRICT

James T. Berardi
Superintendent

School: _____

(530) _____

ANNUAL WALKING FIELD TRIPS PERMISSION FORM
School

SCHOOL YEAR: _____

_____ 's Class Grade Field Trip Subject: _____

Class field trips within walking distance of the school are sometimes arranged in order to provide enrichment, outdoor activities and a better understanding of what the class is studying. These trips may include science walks, walks to local businesses, the Courthouse in Downieville, Loyalton City Park or to any special activities within walking distance.

If you give permission for your child to participate in walking field trips this school year, please complete and return this form to school. Please contact me if you have any questions regarding the trips planned this year.

Thank you,

_____, Teacher Phone: Ext:

Parent/Guardian Authorization

Student Name: _____

1. By signing below, I declare that I am parent or guardian of the above student and that I am legally authorized to give permission for this student to go on walking field trips during the _____ school year.
2. Emergency medical information regarding the Student is on file with the School/District and is current. (Provide updated information if necessary)

Alert! Student Medical Condition:	
Alert! Student Allergy:	
Alert! Student Medications:	

PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE AT THE SCHOOL

3. If an injury or medical emergency occurs during the Field Trip, a Supervising Teacher or chaperone has my express permission to administer or to authorize the administration of urgent or emergency care, including the transportation of the Student to an urgent care or emergency care provider. In such circumstances, notice to me and/or the Emergency Contact of the injury or medical emergency may be delayed. Therefore, any urgent or emergency care provider has my express authority to conduct diagnostic or anesthetic procedures, and/or to provide medical care or treatment (including surgery) as they may deem reasonable or necessary under all existing circumstances. All costs and expenses associated with such care are solely my responsibility.

Parent/Guardian Signature

Phone Number(s)

Date

Important Notice: California Law provides that "All persons making the field trip or excursion shall be deemed to have waived all claims against the School District, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." (Education Code §35330)
Sierra-Plumas Joint Unified School District does not provide insurance for these field trips/excursions although optional insurance is available for purchase. Please see your school's secretary for more information.