

NUVIEW UNION SCHOOL DISTRICT

PERMISSION TO PARTICIPATE IN SCHOOL FIELD TRIPS OR EXCURSIONS

Dear Parent/Guardian of _____
Your signature below will give permission for your son/daughter to participate in the following school activity:

Name of School: Nuvview Bridge Early College HS	Date of Permission Slip Distribution: 11/13/2019
Class or Group Attending: Thespian Troupe	Destination: Los Alamitos High School
Purpose of Field Trip: Southern California Play Festival	Supervising Staff Member(s): Cassie Hammond
Means of Transportation: School Buss	Special Instructions: None
Field Trip Date: 12/15/2019	Time: Leave school at:6:30 am Return by: 4 pm
Cost: Free - But meals are not included.	Due By: Dec 10, 2019

My student shall be directed to comply with the directions and instructions of school personnel in charge of the field trip. Should it be necessary for my student to have medical treatment while participating in this school trip. I hereby give the school personnel permission to use their judgement in obtaining necessary medical service. Further, I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate.

Under provisions of Education Code 35330. "All persons making the field trip shall be deemed to have waived all claims against the district of the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion."

I have read and understand the foregoing statement.

Name of Student:	Home Telephone Number:
Street Address:	Business Telephone:
Name of Emergency Contact:	Telephone Number of Emergency Contact
Medical Insurance Provider:	Allergies/Medications:
Does your child need a cafeteria lunch? Yes No	Person authorized to pick up child upon return to school: Name: Relationship: Phone #:
Signature of Parent, Guardian, or student 18 years of age:	Today's Date: