

FRESNO UNIFIED SCHOOL DISTRICT
Parent Consent for Voluntary Field Trip and Emergency Medical Authorization

To the Principal of EDISON HIGH SCHOOL _____
 has my permission to participate in the field trip to Student's Name _____ Student's # _____
All Edison Band Events 2014-2015
 on _____ Departure: _____ Return: ******(please check calendar on website regularly)

LUNCH

Pupil will be at school during lunch
 Pupil should bring sack lunch without liquid
 Other _____



METHOD OF TRANSPORTATION

Walking
 School Bus/Charter Bus
 Private Auto

Other _____

PARENTS PLEASE NOTE:

It is necessary that parents specifically authorize their child to be included in this field trip. While supervision for the event will be furnished by the school, parents are hereby advised that such supervision by school personnel will occur only during the time period stated above. Although the school district will take every precaution to assure the welfare and safety of your child while participating in this activity, it is important you understand that the school district assume no liability whatsoever in case of injury or accident.

SIGN HERE:

Approval Signature (Parent/Guardian _____ Date _____

(NOTE: TEACHERS DETACH HERE AND TAKE BOTTOM PORTION ON THE FIELD TRIP)

Student's Name _____

Student's ID # _____

Should it be necessary for my child to have emergency Medical treatment while participating in this trip. I hereby authorize Fresno Unified School District personnel to use their judgment in obtaining emergency medical services for my child. I further authorize any individual selected by Fresno Unified School District personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand that the Fresno Unified School District has no district insurance which pays the medical or hospital costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility. The Fresno Unified School District has previously made available to me student insurance, which can be obtained at my own expense.

EMERGENCY MEDICAL AUTHORIZATION
 (PARENT/GUARDIAN, PLEASE COMPLETE)

SIGN HERE:

 Parent, Guardian, or Participating Adult

 Address

 Home Telephone Number

 Business Telephone Number

 Emergency Telephone Number

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