



PARENT'S OR GUARDIAN'S PERMISSION FOR FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

STUDENT/GR: _____ has my permission to participate in the field trip to
Community Preparatory Academy, Carson Campus on Friday, May 4th

Activities planned: **Scholars will attend** _____

Departure: _____ Return: _____ Supervising Teacher: _____

Student address/home phone: _____

Parent(s) emergency Contact info: _____

Non-parent secondary emergency contact: _____

LUNCH will be provided for all scholars

METHOD OF TRANSPORTATION

Walk School bus
 Private Auto Bus

AUTHORIZATION FOR MEDICAL CARE: Should it be necessary for my child to have medical care while participating in this trip, I hereby give the school personnel permission to use their judgment in obtaining medical care for my child. Furthermore, I give permission for the physician selected by the school personnel to render medical care deemed necessary and appropriate by the physician. I understand that Community Preparatory Academy School and the Los Angeles Unified School District have no insurance covering any medical or hospital expenses incurred by my child and therefore, and costs incurred for such treatment shall be my sole responsibility.

I understand the nature of the trip and recognize the problems and dangers inherent in it, including that there are no medical staff. I understand that CPA makes an effort to provide teacher training by the School Nurse for student health conditions and that I speak with the School Nurse about my child's condition, if needed. I understand that ALL medication must be registered on this form. If the School Nurse has not authorized my child to self-carry his/her own medication, it must be carried and administered by the teacher in charge. I believe my student is able to participate safely in the trip. My student's health conditions are:

Allergies(if none, state none): _____

Health condition(s): _____

Medications/health related supplies: _____

Special instructions: _____

Are doctor's orders on file in the Health Office? YES NO

Doctor(s) phone: _____ Health Insurance/Policy# _____

Any Student with unauthorized drugs and or alcohol will be sent home immediately at parent's/guardian's expense. Students who break curfew will be disciplined and/or sent home at the discretion of the school authority at parent's/guardian's expense.

PARENT'S PLEASE NOTE:

Section 35330 of California Education Code states in part:

“all persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, or death occurring during or by reason of the field trip or excursion”

Accident insurance can be purchased for a minimal daily rate by contacting the school.

I agree to direct my child to cooperate with directions and instructions of the school personnel in charge of the activity.

Parent's or Guardian's permission signature

Date