

**Parent / Guardian Request for Student Participation in Walking Field Trip**

I, the undersigned, request that my [son/daughter]:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ be permitted to participate in.                                                                Print student’s name

|  |  |
| --- | --- |
| **Description/Purpose:** | This permission slip is intended to cover your student for the entire 2014-2015 school year for walking field trips for advisory. |
| **Locations:** | In-N-Out, Vons Shopping Center and Otay Ranch Mall |
| **Date:** | September 2014-June 2015 |
| **Time:** | During Extended Advisory: 2:30pm-3:30pm |
| **Instructors:** | Britt Shirk  |
| **Costs:** | If students wish to purchase food they will need to bring their own money on the walking field trips. |
| **Additional Items:** |  |
| **Guardian Name:** |  |
| **Complete Address:** |  |
| **Phone #:** |  |
| **Alternative Phone #1** |  |
| **Alternative Phone #2** |  |

I will obey all High Tech High rules at all times while participating in this event.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student signature)

California law (ed Code 35330) provides that any person making a field trip or excursion waive all claim against the school district and the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion.  Accordingly, I/we hereby waive all claims that I/we might have against the school, the school district, or the State of California, or their officers, agents, employees for injury, accident, illness, or death occurring during or by reason of the above-described activity.  In the event of an accident or sudden illness, the school district has my permission to render whatever emergency medical treatment may be deemed necessary for the above-mentioned student without cost to the district.

Disclosure of any medical condition that should be known to an emergency medical provider in the event of accident or injury:

\*Please see the back of this sheet for medical information.

\_\_\_\_\_\_\_\_\_\_My son/daughter has **no** medical conditions

\_\_\_\_\_\_\_\_\_\_My son/daughter has the following condition(s), including medications that should be brought to the attention of emergency medical personnel:

Parent name printed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_