



WASHINGTON UNIFIED SCHOOL DISTRICT

7950 South Elm Avenue • Fresno, CA 93706 • Telephone: (559) 495-5600

FIELD TRIP PERMISSION/RESPONSIBILITY FORM

American Union Elementary School

West Fresno Elementary School

West Fresno Middle School

Washington Union High School

Dear Parent/Guardian,

Your child will participate in _____

Location: _____

Date of Trip: _____ Cost to Student: _____

Starting Time: _____ AM PM Ending Time: _____ AM PM

LUNCH

METHOD OF TRANSPORTATION

- Lunch at school
- Snack Lunch from home
- Lunch will provide by school
- Other: _____

- School Bus
- Walking
- Private Auto
- Other: _____

The following staff will be responsible for supervision:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

We look forward to having your child participate. If you have any questions, please feel free to contact your child's school: American Union Elementary 495-5650, West Fresno Elementary 495-5615, West Fresno Middle 495-5607, Washington Union 485-8805.

PLEASE KEEP THE TOP PORTION FOR YOUR INFORMATION

RETURN THE BOTTOM PORTION TO THE TEACHER

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West Fresno Middle School

Washington Union High School

Student's Name: _____ Teacher Name: _____

I give permission for my child to participate in: _____ On date: _____

EMERGENCY CONTACT INFORMATION

- 1. Name of parent/guardian _____
- 2. Parent/Guardian Phone No(s) Home (____) _____ Cell (____) _____ Work (____) _____
- 3. In case parent/guardian cannot be reached, please contact _____ Relationship _____ Phone (____) _____
- 4. Child's Medical Insurance _____ Policy No _____
- 5. Physician's Name _____ Telephone No (____) _____
- 6. If applicable, complete the following:
 - a. My child has the following medical program _____
 - b. My child takes the following medications regularly _____
 - c. My child has the following allergies _____

I have been advised of the State of California Education Code Section 35330, which states in part: "All persons making the study trip or excursion shall be deemed to have waived all claims against the District of the State of California for injury, accident, illness or death occurring by reason of the study trip or excursion."

Parent/guardian signature: _____ Date: _____

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FOR SECONDARY SCHOOLS ONLY

TEACHER NOTIFICATION OF ACTIVITY

Field Trip Destination: _____ Date of Trip: _____ Starting Time: _____ Ending Time: _____

Name of School Group: _____ School Group Staff Name: _____

Period	Course/Class Name	Teacher's Signature	Approve	Disapprove	Comments
<u>1.</u>					
<u>2.</u>					
<u>3.</u>					
<u>4.</u>					
<u>5.</u>					
<u>6.</u>					
<u>7.</u>					

____ Not Applicable for this Field Trip _____
 (Field Trip Sponsor's Signature)