<div align="center">

San Dieguito Union High School District
Field Trip Permission Form

</div>

Name of Student: _____   **Activity:** _____

Activity Date(s) : _____   **Location:** _____

Departs/Returns: _____ ☐ AM ☐ PM   ☐ AM ☐ PM   **Teacher:** _____   **Period:** _____

Transportation: ☐ School Bus/Van ☐ Private Car   **Driver:** ☐ School District Employee ☐ Parent/Adult
☐ Charter Service ☐ Walk   ☐ Charter Service Employee ☐ Student

I understand and agree that my participation in the activity or trip is not to be used as an excuse for absence other than for the period indicated above. I know that I am responsible for all class work missed. I understand and agree that I remain under the jurisdiction of the school district while participating in this off-campus activity and I will abide by all rules set forth by the faculty, principal, superintendent, or Board of Trustees.

_____
Student Signature

ALL TEACHERS MUST GRANT APPROVAL FOR STUDENT TO PARTICIPATE IN TRIP OR ACTIVITY

Per.	Class	Approve	Disapprove	Teacher Signature
1				
2				
3				
4				
5				
6				
7				

To Be Completed by Parent/Guardian:

I, the undersigned, hereby grant permission for my child to participate in the above named activity.

In accordance with Education Code §35330, I, the undersigned, hereby RELEASE, DISCHARGE and HOLD HARMLESS the San Dieguito Union High School District, the Board of Trustees, its officers, employees and agents from all liability, including injury, death, or other damages, occurring in the course of or while traveling to or from the above named activity which my child may suffer or cause another person to suffer arising out of, or in connection with, or resulting from my child's participation in the above named activity.

EMERGENCY: In an emergency, I give my consent: For family physician, EMT and/or hospital to provide emergency treatment to my son/daughter: ☐ No ☐ Yes

Student has medical insurance? ☐ No ☐ Yes   Medical insurance in: Father's name ☐   Mother's name ☐

Medical Insurance Carrier: _____   Policy/Group #:_____

Insurance Contact Number(s): _____

_____   _____   _____
Parent/Guardian Signature   **Date**   **Telephone Number**