FREMONT UNION HIGH SCHOOL DISTRICT 589 West Fremont Ave., Sunnyvale, CA 94087 408-522-2200

PARENT/GUARDIAN FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION (Minor)

District-Sponsored Event (Attendance Voluntary)

Student's Name		has my p	permission to g	go on the following v	oluntary field trip:	
Destination:						
_			me:	Return Ti	me:	
	arge:					
Health Needs	s: Initial and Com	olete as appropri	ate.			
		My student has $\underline{\mathbf{NO}}$ special health needs the staff should be aware of, and $\underline{\mathbf{NO}}$ medication is required on the trip.				
	My student has and the followir written instructi	a special health ng medication sh ons from the stud	need, ould be given dent's attendin	the person in charg g physician:	e along with	
surgical or on judgment of the member of member o	dental diagnosis the attending physic medical staff of	or treatment an sician, surgeon, the hospital or fa	nd hospital ca or dentist and acility furnishin	re are considered performed by or ur g medical or dental	ion, anesthetic, medical, necessary in the best or the supervision of a services.	
Union High S	School District, it	s officers, agent	s and employ	ees, harmless fron y student's participa	n any and all liability or	
student's act all rules and regulations r possible sus	ivities or behavio d regulations go may result in tha pension or expul y automobiles op	r during this free overning conduc at individual bei sion from schoo	e time. I fully untilect during the ing sent home on. It is further	understand that par trip. Any violati e at his/her and/ou understood that th	o responsibility for the ticipants are to abide by on of these rules and r parents' expense and le above-named student r other licensed drivers,	
and that reas precaution ta	sonable attempts	will be made to stors can ensure	safeguard stud this safety if th	lents and equipmer	ave certain risks involved nt, but that no amount of obey and cooperate and	
Parent/Guard	dian Signature	Date	Student S	Signature	Date	
Address				Telephone	Date	
Family Health	n Insurance Carrie	er		Policy Number		
Address		City/Stat	e		Zip	
MAIN LANG	UAGE SPOKEN I	N HOUSEHOLD):			
	Y CONTACT:					
		Name and Teleph	one			

Distribution: White: School Site Form 6153.6 (Rev. 5/01, 8/05, 10/07)

Yellow: Staff/Trip Pink: Parent/Guardian/Student

Field Trip Permission 6153.6 [5/09-5000]