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)

		has my pe	rmission to go	o on the following	voluntary field trip:
Student's Name					
Destination:					
Date(s):		_ Departure Time	:	Return 1	Time:
Person in Cha	irge:				
Health Needs:	Initial and Compl	ete as appropriate	e.		
	My student has <u>NO</u> special health needs the staff should be aware of, and <u>NO</u> medication is required on the trip.				
	My student has a special health need, and the following medication should be given the person in charge along with written instructions from the student's attending physician:				
surgical or de judgment of th	ental diagnosis c	r treatment and cian, surgeon, or	hospital car dentist and p	e are considered	ation, anesthetic, medical, d necessary in the best inder the supervision of a al services.
<u>As stated in</u> Union High S claims, which	California Educa chool District, its may arise out of, o	ation Code Se officers, agents or occur, in conne	<u>ction_35330,</u> and_employe ction with my	l understand es, harmless fro student's particip	that I hold the Fremont m any and all liability or pation in this activity.
student has f student's activ all rules and regulations m possible susp	ree time and is vities or behavior regulations gov hay result in that pension or expuls automobiles ope	unsupervised, an during this free ti erning conduct individual being ion from school.	d that the D ime. I fully un during the g sent home It is further ι	istrict assumes inderstand that pa trip. Any violat at his/her and/o inderstood that t	this activity in which my no responsibility for the inticipants are to abide by tion of these rules and or parents' expense and he above-named student or other licensed drivers,
and that reaso precaution tak	onable attempts w	ill be made to sat ors can ensure thi	feguard stude is safety if the	ents and equipme	ave certain risks involved ent, but that no amount of t obey and cooperate and
Parent/Guardi	an Signature	Date	Student Si	gnature	Date
Address				Telephone	Date
Family Health	Insurance Carrier			Policy Number	
Address	City/State			Zip	
MAIN LANGU		HOUSEHOLD:			
EMERGENCY		lame and Telephon	e		