

WM. S. HART UNION HIGH SCHOOL DISTRICT

PARENT'S OR GUARDIAN'S PERMISSION FOR **JOB SHADOW FIELD TRIP**
AND AUTHORIZATION FOR MEDICAL CARE

To the principal of _____ School
_____ has my permission to participate in the field trip to
(Student's Name – please print)

Date: _____ Departure Time _____ AM/PM Return Time _____ AM/PM
Supervisor name at job shadow site:

METHOD OF TRANSPORTATION:

_____ Walking _____ School Bus / Charter Bus
_____ Private Auto _____
Driver's Name (Please Print)

_____ Other: _____

Other Information: _____

NOTE TO PARENT/GUARDIAN:

Section 35330 of the California Education Code states in part:

“All persons making the field trip shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.”

I give my permission for my student to attend this job shadowp. I agree to direct my student to be cooperative with directions and instructions of the school district personnel in charge of the activity.

(Parent's/Guardian's Signature)

Date

AUTHORIZATION FOR MEDICAL CARE

Should it be necessary for my child to have medical care while participating in this trip, I hereby give the School District personnel permission to use their judgment in obtaining medical care and ambulance service for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and therefore, any cost incurred for such treatment shall be my sole responsibility.

Print Students Name Date of Birth

Home Address

Home telephone number

Parent/Guardian Name (Please Print)

Business telephone number – Parent/Guardian

Emergency telephone number

Authorization Signature of Parent/Guardian

DATE: _____

Instructions for special medical treatment: _____