

MONTEREY COUNTY OFFICE OF EDUCATION

FIELD TRIP PERMISSION SLIP FOR  
PARENTS / GUARDIANS OR ADULT STUDENTS

Date: \_\_\_\_\_

Dear Parent:

On \_\_\_\_\_ our class will be going on an educational field trip to \_\_\_\_\_  
\_\_\_\_\_. We expect to leave the school at \_\_\_\_\_ a.m./p.m. and return by \_\_\_\_\_  
a.m./p.m. Transportation will be provided by:

- Bus.
- Walking.
- Public Transportation. Explain: \_\_\_\_\_
- Private Vehicle. Driver's name: \_\_\_\_\_

The purpose of this field trip or excursion will be: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please fill out Section I** (student emergency contact information), **Section II (Medical History)**, and **(Section III** (waiver, release, and authorizations) below and return this signed Field Trip Permission Slip to me by no later than \_\_\_\_\_.

Teacher Name: \_\_\_\_\_  
Teacher Signature: \_\_\_\_\_

**SECTION I: STUDENT EMERGENCY CONTACT INFORMATION**

Student Name: \_\_\_\_\_

In case of emergency, notify:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## SECTION II: MEDICAL HISTORY

Does the student have any of the following conditions?

1. Recent illness?  Yes.  No.

Specify Condition and any necessary action: \_\_\_\_\_

Taking medication?  Yes.  No.

Specify Medication, dosage, and frequency: \_\_\_\_\_

2. Recent surgery?  Yes.  No.

Specify Condition and any necessary action: \_\_\_\_\_

Taking medication?  Yes.  No.

Specify Medication, dosage, and frequency: \_\_\_\_\_

3. Asthma?  Yes.  No.

Specify Condition and any necessary action: \_\_\_\_\_

Taking medication?  Yes.  No.

Specify Medication, dosage, and frequency: \_\_\_\_\_

4. Heart Condition?  Yes.  No.

Specify Condition and any necessary action: \_\_\_\_\_

Taking medication?  Yes.  No.

Specify Medication, dosage, and frequency: \_\_\_\_\_

5. Food Allergies?  Yes.  No.

Specify Condition and any necessary action: \_\_\_\_\_

Taking medication?  Yes.  No.

Specify Medication, dosage, and frequency: \_\_\_\_\_

6. Reactions to animals or insect bites?  Yes.  No.

Specify Condition and any necessary action: \_\_\_\_\_

Taking medication?  Yes.  No.

Specify Medication, dosage, and frequency: \_\_\_\_\_

7. Is student diabetic?  Yes.  No.

Specify Condition and any necessary action: \_\_\_\_\_

Taking medication?  Yes.  No.

Specify Medication, dosage, and frequency: \_\_\_\_\_

Primary Care Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Medical Ins. Provider: \_\_\_\_\_

Policy/Group No.: \_\_\_\_\_

### SECTION III: WAIVER, RELEASE, AND AUTHORIZATIONS

Please carefully read each box below and initial below each box to indicate that you have read and agree to its terms.

#### **Waiver and Release:**

California law (Education Code 35330) provides that any person making a field trip or excursion waives all claims against the Monterey County Office of Education, its employees, and the State of California for injury, accident, illness, or death occurring during, or by reason of, the above-described field trip or excursion. In addition, all adults taking out-of-state field trips or excursions and all parents or guardians of students taking out-of-state field trips or excursions must sign a statement waiving all claims. **ACCORDINGLY, I HEREBY ACKNOWLEDGE THAT I RELEASE, DISCHARGE, AND WAIVE ALL CLAIMS WHICH I MAY HAVE AGAINST THE MONTEREY COUNTY OFFICE OF EDUCATION AND/OR THE STATE OF CALIFORNIA** and their respective officers, agents, governing board and employees from all liability arising out of or in connection with the above-described activity or all liabilities associated with any and all claims related to such activity that may be filed on or behalf of or for the student named below.

Parent/Guardian/Adult Student Initials: \_\_\_\_\_

Parent/Guardian/Adult Student Initials: \_\_\_\_\_

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**I have read and agree to the terms set forth above. My signature below authorizes my student to participate in the field trip and to be transported according to the information provided in this Field Trip Permission Slip.**

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Authorizations:**

In the event of an illness, injury, or other emergency situation, when a parent is not available, I hereby authorize a representative of the Monterey County Office of Education to make such arrangements as he/she considers necessary for my child (or me, for independent adult students) to receive medical or hospital care, including transportation. Under such circumstances, I further authorize the above-named physician to undertake such care and treatment of my child (or me, for independent adult students) as he/she considers necessary. In the event the above-named physician is not available, I authorize such care and treatment to be performed by any licensed health care professional.

I further authorize the Monterey County Office of Education to photograph, videotape, and/or interview my child (or me, for independent adult students) during supervised program activities for educational or documentation purposes.

I further authorize the Monterey County Office of Education to transport my student (or me, for independent adult students) during the field trip according to the information provided in this Field Trip Permission Slip.