

**BRIDGES CHARTER SCHOOL**  
**PARENT'S OR GUARDIAN'S PERMISSION FOR SCHOOL-TIME FIELD TRIP AND**  
**AUTHORIZATION FOR MEDICAL CARE**

\_\_\_\_\_ has my permission to participate in the  
(Student Name: please print)

(Event - field trip/location) \_\_\_\_\_ on \_\_\_\_\_

Date

Departure time: \_\_\_\_\_ A.M. / P.M. Return time: \_\_\_\_\_ A.M. / P.M.

Supervising Teacher (please print): \_\_\_\_\_

General Activity(s)  
to be included:

1. \_\_\_\_\_ 2) \_\_\_\_\_

**Method of Transportation:**

\_\_\_\_\_ Student is **Walking**    \_\_\_\_\_ Student **will ride on Bus**

\_\_\_\_\_ Student will ride in **PRIVATE VEHICLE:**

\_\_\_\_\_ **I will drive my own child**    \_\_\_\_\_ **My child will ride with an approved driver**

**Drivers Name** \_\_\_\_\_

(to be assigned by classroom teacher)

**IF YOU HAVE HEALTH INSURANCE list name of company, policy number and group number:**

**DECLARATION:** I fully understand that the school does not require students to participate in field trips or excursions and that I make this request voluntarily because of my desire to have my child participate. I also understand that if I do not consent to participation, my child **may remain in school at my request.**

**NOTE:** 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, charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." Failure of student to comply with rules may result in student being sent home at parent/guardian's expense.

**ASSUMPTION OF RISK:** By signature hereon, parent/guardian waives liability against the school and acknowledges that the trip and its activity(s) may expose the student to potential harm including injury or death.

X \_\_\_\_\_  
Authorized Signature of Parent or Guardian (required)

**AUTHORIZATION FOR MEDICAL CARE**

If it becomes necessary for my child to have medical care while participating in this trip, I hereby give school personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by school personnel to render medical care deemed necessary and appropriate by the physician. I understand that the school carries student accidental injury insurance in an amount limited to \$25,000 (applies excess of family health insurance if applicable.)

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

Home Address: \_\_\_\_\_

Parent/Guardian Home Phone No.: \_\_\_\_\_

Parent/Guardian Work Phone No.: \_\_\_\_\_

Emergency Contact Phone No.: \_\_\_\_\_

X \_\_\_\_\_  
Authorized Signature of Parent or Guardian

\_\_\_\_\_ Date \_\_\_\_\_  
Parent or Guardian's Name (Please Print)

CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT AND/OR PRESCRIBED OR COUNTER MEDICATIONS FOR THE STUDENT ARE ON FILE AT THE SCHOOL

