

**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)

(field trip/location) _____ cn _____

Departure time: _____ A.M. / P.M. Return time: _____ A.M. / P.M. Date _____

Supervising Teacher (please print): _____

General
Activity(s) to
be included:

(1) _____
(2) _____

Check here if your child may not participate in activity number
(1) (2) (circle if applicable)

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)

_____ I would like to order my child a **sack lunch**

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

Student Name: _____

Home Address: _____

Parent/Guardian Home/Cell Phone No.: _____

Parent/Guardian Work Phone No.: _____

Emergency Contact Phone No.: _____

X _____
Authorized Signature of Parent or Guardian (required)

amount limited to \$25,000 (applies excess of family health insurance if applicable.)

Parent or Guardian's Name (please print): _____

Date: _____

CHECK HERE IF YOUR CHILD IS REQUIRED TO TAKE MEDICATION OVER THE COURSE OF THE FIELD TRIP. ALL MEDICATIONS MUST BE PRESCRIBED, INCLUDING OVER-THE-COUNTER MEDICATION AND RECORDS MUST BE ONE FILE IN THE SCHOOL OFFICE.