San Leandro Unified School District
PARENT/LEGAL GUARDIAN PERMISSION FOR STUDENT PARTICIPATION IN OFF-CAMPUS OUT OF STATE SCHOOL-SPONSORED EVENTS

Student Name: _____ Grade: _____

School Name: _____ Teacher: _____

Event will take place at: _____on date(s): _____

Mode of Transportation: _____

Each child will need to bring the following: _____

_____

_____

Please be sure your child is dressed appropriately. Your child should wear comfortable walking shoes (no sandals or open shoes).

Keep top portion for your records complete section below, sign and return this form. Your child will not be allowed to participate unless this form is completed and returned prior to the field trip.

- ❑ Yes, my child has my permission to go on the off-campus school-sponsored event.
- ❑ No, my child may not attend the off-campus school-sponsored event..
- ❑ Yes, I am available to chaperone the off-campus school-sponsored event.

WAIVER OF CLAIM
(To be Completed for Out-of-State Events Only)
In granting permission to attend, I do hereby waive all claims and hold harmless the individual sponsors, the San Leandro Unified School District, and the State of California for any injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of this excursion/field trip or event.

1. I understand that all students going on this trip will be responsible in conduct to the bus driver, to teachers or adult sponsors. It is further understood that students will go and return from the event on the transportation provided and that every reasonable caution will be maintained on the trip.

2. I hereby acknowledge that I have been advised that the activities involved in this excursion/field trip or event are _____ are not_____ considered by the district to be of "high risk" to the participants.

3. I further understand that this is a voluntary activity and if I choose not to have my student participate, he/she will be provided with alternative instruction during the regular school hours.

Parent/Legal Guardian Signature _____Date: _____

Please indicate if your child has any of the following health concerns:

- ❑ None
- ❑ Asthma
- ❑ Life-threatening Allergy to Food
- ❑ Life-threatening Allergy to Bee Sting
- ❑ Diabetes
- ❑ Seizure Disorder
- ❑ Allergy to: _____ _____
- ❑ Asthma Inhaler
- ❑ Epi-Pen
- ❑ Antihistamine needed
- ❑ Insulin
- ❑ Emergency Seizure Medications
- ❑ Other: _____ _____

In accordance with CA Education Code 49423, a Medication Authorization Form <u>completed by a doctor</u> is required for any medications (including over-the-counter) needed during all school functions. This form can be requested in the main office.

Does your child require medications during school sponsored event hours? ❑ Yes ❑ No

Name of medication: _____ Dose: _____ Time Given: _____
Name of medication: _____ Dose: _____ Time Given: _____
Name of medication: _____ Dose: _____ Time Given: _____

Emergency Contacts During Off Campus School Sponsored Event:
Name: _____ Phone: _____
Name: _____ Phone: _____

Medical Authorization and Consent:

If emergency treatment is required, and parents/guardian cannot be notified immediately, I give consent for treatment and transport to the nearest emergency room.

Child's Physician: _____ Phone: _____ Member ID#:_____

Parent/Legal Guardian Signature _____Date: _____