

Bonita Unified School District

Permission to Participate in School Activity

Name of Student _____

Date of Birth _____

Has my permission to participate in the following school activity:

LH Choralairs Spring Tour

April 13-16

School Activity _____

Date(s) _____

In case of emergency, I give permission for any necessary treatment/medication to be administered to my child by the attending physicians/nurses/dentists/hospital/paramedics.

California Education Code Section 35330 states, in pertinent part, as follows:

"All persons making the field trip or excursion 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."

For safety purposes, the school needs to be aware of any medical situation that may affect your child while participating in this school activity.

_____ Check here if there are no special medical problems of which the staff should be aware and no medications are required during the school activity.

_____ Check here if there are special medical problems of which the staff should be aware and/or medications that are required during the school activity. If medications are required, you must sign and attach the "Authorization for Medication" form obtained from the School Health Office and describe the medical problem:

(If swimming, please indicate your child's ability.)

I have read and understand Education Code Section 35330 as quoted above.
I fully understand that my child is to abide by all rules and regulations governing student conduct during the school activity. Any violation of these rules and regulations may result in my child being disciplined and/or sent home at his/her and/or parents'/guardians' expense.

Signature of Parent/Guardian _____

Date _____

Address _____

Phone# _____

Family Medical Insurance Carrier _____

Policy/Group No. _____

Phone# _____

NO STUDENT WILL BE DENIED THE OPPORTUNITY TO PARTICIPATE IN A SCHOOL SPONSORED EVENT DUE TO FINANCIAL CONSTRAINTS

Revised 1/00