

TORRANCE UNIFIED SCHOOL DISTRICT  
STUDENT PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP  
PARENTAL PERMISSION ASSUMPTION OF RISK AND  
MEDICAL TREATMENT AUTHORIZATION

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ has permission to participate in the following field trip:

*Every year, each grade participates in a Field Trip at Calle Mayor. Field Trips in the past have been to The Museum of Tolerance, California Science Center, LACMA, Aquarium of the Pacific and the U.S.S. IOWA. Your Direct Donation to the PTSA pays for the transportation for these events. This year we are collecting the funds for the Field Trip Cost at Registration so that your child and family do not have to worry about it throughout the year. Field Trip locations and dates will be announced during the school year. **We are asking for a \$25 donation, payable by check to CMMS.** The cost breakdown for the \$25.00 donation is as follows: \$10.00 for Field Trip, \$10.00 for agenda book, \$5.00 for student activities. All donations received will be used for student purposes only. Please fill out the information below and turn it in at Registration with your payment. This form is **REQUIRED** to be filled out completely and turned in at Registration.*

**Special Instructions:** Bring a Sack Lunch

**Student Grade:** \_\_\_\_\_

**School:** Calle Mayor Middle School

**Type of Transportation:**       School Bus                       Walking                       Other

**Health or special needs:** Check as appropriate

My student has no special health needs the staff should be aware of, and no medication is required on the trip.

My student has a special need, and instructions are attached. Number of attached pages: \_\_\_\_\_

Other: \_\_\_\_\_

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulation governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Torrance Unified School District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences, which may arise solely out of the negligence of the District, its employees or agents.

\_\_\_\_\_  
Signature (Parent/Guardian)                      (Please Print Name)                      Work Phone: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

\_\_\_\_\_  
Student's Signature                      Student's Date of Birth

Your medical insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

In the event of an emergency, please contact: \_\_\_\_\_  
Name                      Relationship

Work # \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_