

EAST WHITTIER CITY SCHOOL DISTRICT

PARENT PERMISSION - EMERGENCY MEDICAL - WAIVER OF CLAIMS FOR TRANSPORTATION OF STUDENTS

Dear Parents,

The following educational study field trip/activity has been scheduled:

Destination _____ Date _____

Departure Time _____ Return Time _____ Transportation _____

Special Instructions _____

Students will be under the direction of certificated personnel. Education Code, Section 35350, prohibits the District from transporting any student without the written permission of the parent or guardian unless it is an emergency arising from illness or accident to the student. Parents please note Education Code, Sections 35330 and 35350.

Section 35330 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.

Section 35350 No governing board of a school district shall require any student or pupil to be transported for any purpose or for any reason without the written permission of the parent or guardian. This section shall not apply to the transportation of a student or pupil in an emergency arising from illness or injury to the student or pupil.

If you wish your child to participate, please sign and return the tear-off section below by _____, 20 _____

Teacher _____

I wish to have my child, _____, participate in the educational field trip/activity to _____

on _____, 20 _____.

I can be reached at the following telephone number during the time of the educational study field trip/activity.

Mother _____ Telephone _____ Father _____ Telephone _____

Emergency Contact Person _____ Telephone _____

My child is in good physical condition. Should he/she become ill or injured during the educational study field trip/activity, he/she may receive necessary first aid.

Please check one for each statement below:

My child MAY or MAY NOT receive medical attention by a duly licensed physician.

My child MAY or MAY NOT be admitted to a hospital in case of emergency.

Doctor or clinic _____ Telephone _____

Tetanus shot in the last six (6) months? YES NO

Allergies _____

SIGNATURE OF PARENT OR GUARDIAN

Address _____

Telephone _____