

LOS ANGELES UNIFIED SCHOOL DISTRICT  
PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

To the principal of John R. Wooden High School, \_\_\_\_\_ has my permission to  
Print Full Name of Student

participate in the field trip to \_\_\_\_\_ on \_\_\_\_\_  
Print Name of Field Trip Destination Date(s) of Field Trip

Departure Time: \_\_\_\_\_

Return Time: \_\_\_\_\_

Lunch:  Student will be at school during lunch.  
 Student should bring lunch.  
 Student should bring money.  
 Other: \_\_\_\_\_

Transportation:  Walking  
 School Bus  
 Private Auto  
 Other: \_\_\_\_\_

**PARENTS, PLEASE 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 or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.”

**Accident Insurance can be purchased for a minimal daily rate by contacting the school.**

\_\_\_\_\_  
Parent's or guardian's permission signature

\_\_\_\_\_  
Date

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(To be removed by supervising teacher)

**AUTHORIZATION FOR MEDICAL USE**

**Student Info:**

Should it be necessary for my child to have medical care while participating in this trip. I hereby give the School District personnel permission to use their judgement in obtaining medical care for the child, and I give permission to the physician selected by the School District personnel to render medical care necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

\_\_\_\_\_  
Print Full Name of Student

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Business telephone number of parent or guardian

\_\_\_\_\_  
Emergency telephone number

\_\_\_\_\_  
Authorization signature of parent or guardian

\_\_\_\_\_  
Date

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE IN THE SCHOOL.