

**MANHATTAN BEACH CITY SCHOOL DISTRICT  
PARENT'S OR GUARDIAN'S PERMISSION FOR FIELD TRIP  
AND AUTHORIZATION FOR MEDICAL CARE**

To the Principal of \_\_\_\_\_ School

\_\_\_\_\_ has my permission to participate in the field  
(Student's Name)

trip to \_\_\_\_\_ on \_\_\_\_\_  
Date(s)

Departure \_\_\_\_\_ A.M./P.M. Return \_\_\_\_\_ A.M./P.M.

Supervising Teacher \_\_\_\_\_

**Parent, 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 excursion."

I agree to direct my child to cooperate with directions and instructions of the school district personnel in charge of the activity. It is the policy of the district that students participating in educational study trips occurring during the school day must ride the bus and/or transportation approved by the school district to and from the field trip destination with their class. Students should not be driven to the study trip location.

\_\_\_\_\_  
Parent's or Guardian's Signature Date

(to be removed by supervising teacher)

**AUTHORIZATION FOR MEDICAL CARE**

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 deemed necessary and appropriate to the physician. I understand that the School District has insurance covering such medical or hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Business Telephone Number of Parent  
or Guardian

\_\_\_\_\_  
Emergency Telephone Number

\_\_\_\_\_  
Health Insurance Carrier

\_\_\_\_\_  
Authorization Signature of Parent  
or Guardian

\_\_\_\_\_  
Date