

Manhattan Beach Unified School District
Permission Request for Student Participation in Off-Campus School-Sponsored Activity

INSTRUCTIONS FOR TEACHER ADVISOR

- △ Follow the MBUSD Field Trip Procedures as listed on mbusd.org > [Field Trip Forms](#). This form corresponds to steps 4 and 5 on that procedures list.

- △ **At least two weeks (but no more than one month) before departure date**, request an attendance report from [Shubhee Gokarn](#). Email her with the following information:
 1. Class, teacher, and period(s) that contain students potentially participating in your trip (this info is preferred if students are mostly grouped within your classes), OR
 2. If field trip is not associated with a course, provide a list of individual student names

- △ **Upon receipt** of your report, examine attendance records to identify any “red flag” student attendance issues. Address accordingly with student.

- △ **At least two weeks in advance**, distribute permission slip packet to all prospective participants or direct them to the front office to pick one up.

- △ **At least one week in advance** of departure date, collect forms from all students requesting permission to attend your event. **Evaluate and approve OR deny** permission requests.

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GENERAL INSTRUCTIONS AND CHECKLIST FOR STUDENTS

- △ **At least TWO WEEKS prior to event date:** Begin the following steps immediately.

- △ **BEFORE YOU PRESENT THE PERMISSION REQUEST FORM TO YOUR TEACHERS,** you must print your own cumulative attendance records and attach to this packet for their review. Here's how:
 1. **Log in** to your student account in Aeries from a computer
 2. Click '**Grades and Attendance**' at the top of the left column
 3. Scroll to bottom for 'Attendance Totals'. **Click on the number of total absences** next to it. (This should take you to a screen that gives details of the dates and reason codes for each absence).
 4. Click the **printer icon**
 5. Ensure records for each of your courses have printed
 6. **Staple the entire report** to the back of the permission request form

- △ **Present the following form (with attendance records attached) to each of your teachers,** allowing ample time for their consideration and comments. (Shaded sections are for your teachers to complete.)

- △ Be certain you and your teachers have completed your portions of the permission request form **BEFORE giving it to your parents to complete and sign.**

- △ Submit this completed form to your activity's advisor **NO LATER THAN ONE WEEK** before the activity start date.

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I, _____ **REQUEST to attend** _____
Student Name School-sponsored Activity

at _____ on the following dates: _____,
Event Location

sponsored by _____ and _____
Organization Name Faculty-sponsor(s) Name

So far this year I have attended the following school-sponsored activities:

Activity	Organization	Advisor	Periods Missed	Number of Days

Teacher feedback:

	Class/Teacher	Conflicts / Concerns	Additional Notes (or Attached?)	Teacher Initials
0				
1				
2				
3				
4				
5				
6				

Student Signature

_____/_____
Advisor Approval, Date

MANHATTAN BEACH UNIFIED SCHOOL DISTRICT
(MINOR) STUDENT PARTICIPATION IN VOLUNTARY FIELD TRIP
**PARENTAL PERMISSION, ASSUMPTION OF RISK, &
MEDICAL TREATMENT AUTHORIZATION**

Date _____

Student's Name: _____ has permission to participate in the field trip listed below. **Attached are a Program Description and Itinerary regarding the nature of this trip, levels of supervision, methods of transportation, and information pertaining to vendor selection. Middle and High School students are required to have a completed Teacher Acknowledgement form for participation. Please review all information carefully before signing this activity acknowledgment and waiver of liability form.**

Destination/Nature of Activity: _____
(Please be specific.)

Dates: **Itinerary Attached; please read carefully and note all travel arrangements.**

Person in Charge: **Please read attached information pertaining to supervision levels, positions of supervisors, etc., carefully before signing this Parental Permission, Assumption of Risk and Medical Treatment Authorization form.**

Type of Transportation: **Various modes of transportation may be used, some of which involve a risk that cannot be ascertained by the Manhattan Beach Unified School District. Please see the attached itinerary and information which details all travel arrangements.**

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 medical condition and/or special needs and those are stated on the back of the form or on an accompanying sheet . Number of attached pages: __. All medication, except those which must be kept in the student's possession for emergency use, MUST be kept and distributed by staff. All medication must be registered on this form or its attachment.
	Other:

I understand that the field trip/excursion, by its very nature, includes certain risks and could cause minor injury, major injury, and serious injury to student, including permanent disability and death. In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and 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 further acknowledge that the District does not provide medical coverage for participants in this activity.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip, including conduct towards the bus driver, teachers, and sponsors. I further understand that students will go to and return from the event using the transportation provided to the group. I hereby acknowledge that students are responsible to make up any assignments missed due to this activity.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Manhattan Beach Unified School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability, loss, damage, or claims (including reasonable attorneys' fees), caused by, arising from, or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences that may arise solely out of the negligence of the District, its employees or agents.

Acknowledgement:

Print (Parent/Guardian)	Cell Phone	Work Phone
Signature (Parent/Guardian)	Student Signature	Date

Family Medical Information:

Insurance Carrier (i.e. Blue Cross)	Policy Number	Student Date of Birth
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In the event of an emergency, please contact:

Print Name	Relationship	Cell Phone
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PARENTS: One purpose of this permission request is to help your student make informed decisions and advanced plans regarding educational opportunities he/she will partake in, taking into consideration the level of involvement, number of absences, and impact that activities have on academic performance. We suggest using this as an opportunity to help your student increase awareness of and plan for positive and negative impacts that class absences, for any reason, may have on academic performance.

***Please DO NOT SIGN below until you have reviewed the entirety of this completed packet:**

* _____
Signature of Parent/Legal Guardian Phone Number Date