

**PALISADES CHARTER HIGH SCHOOL**  
**PARENT'S OR GUARDIAN'S PERMISSION FOR A FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE**

To the Principal of PALISADES CHARTER HIGH SCHOOL

**STUDENT/GR:** \_\_\_\_\_ has my permission to participate in the field trip to \_\_\_\_\_ on \_\_\_\_\_.

**Activities planned:** \_\_\_\_\_

**Departure:** \_\_\_\_\_ am pm    **Return:** \_\_\_\_\_ am pm    **Supervising Teacher:** \_\_\_\_\_

**Student address/home phone:** \_\_\_\_\_

**Parent(s) emergency contact info:** \_\_\_\_\_

**Non-parent secondary emergency contact:** \_\_\_\_\_

**LUNCH**

- Student will be at school during lunch
- Student should bring sack lunch without liquid
- Other

**METHOD OF TRANSPORTATION**

- Walking                       School bus
- Private auto                 Other

**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 personnel permission to use their judgment in obtaining medical care for my child. Furthermore, I give permission for the physician selected by the school personnel to render medical care deemed necessary and appropriate by the physician. I understand that Palisades Charter High School and the Los Angeles Unified School District have no insurance covering any medical or hospital expenses incurred by my child and therefore, any costs incurred for such treatment shall be my sole responsibility.

I understand the nature of the trip and recognize the problems and dangers inherent in it, including that there are no medical staff. I understand that PCHS makes an effort to provide teacher training by the School Nurse for student health conditions and that I can speak with the School Nurse about my child's condition, if needed. I understand that ALL medication must be registered on this form. If the School Nurse has not authorized my child to self-carry his/her own medication, it must be carried and administered by the teacher in charge. I believe my student is able to participate safely in the trip. My student's health conditions are:

Allergies: (if none, state none): \_\_\_\_\_

Health condition(s): \_\_\_\_\_

Medications/health related supplies: \_\_\_\_\_

Special instructions: (attach the current PCHS School Health Plan) \_\_\_\_\_

Are doctor's orders on file in Health Office? **YES**    **NO**

Doctor(s)/phone: \_\_\_\_\_ Health Insurance/Policy #: \_\_\_\_\_

**Any Student with unauthorized drugs and or alcohol will be sent home immediately at parent's/guardian's expense. Students who break curfew will be disciplined and/or sent home at the discretion of school authority at parent's/guardian's expense.**

**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, or death occurring during or by reason of the filed trip or excursion."

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

I agree to direct my child to cooperate with directions and instructions of the school personnel in charge of the activity.

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

\_\_\_\_\_  
Date