FREMONT UNION HIGH SCHOOL DISTRICT 589 West Fremont Ave., Sunnyvale, CA 94087 408-522-2200

PARENT/GUARDIAN FIELD TRIP PERMISSION AND MEDICAL AUTHORIZATION (Minor)

District-Sponsored Event (Attendance Voluntary)

Student's Name		has my	permission	to go on the following	oluntary field trip:	
Destination:						
_			ime:	Return Ti	me:	
	arge:	•		-		
Health Needs	: Initial and Com	plete as appropi	riate.			
	My student has $\underline{\mathbf{NO}}$ special health needs the staff should be aware of, and $\underline{\mathbf{NO}}$ medication is required on the trip.					
	My student has and the following written instruction	a special healthing medication slons from the stu	h need, hould be giv udent's atter	en the person in charg ading physician:	e along with	
surgical or diguidgment of the member of the As stated in	lental diagnosis he attending phy e medical staff of California Edu	or treatment a sician, surgeon, the hospital or cation Code	nd hospital , or dentist a facility furnis Section 35	care are considered and performed by or ur shing medical or dental 330, I understand to	ion, anesthetic, medical, necessary in the best oder the supervision of a services. hat I hold the Fremont any and all liability or	
•	•	•		n my student's participa periods of time during t	this activity in which my	
student's acti all rules and regulations r possible sus	ivities or behavion go regulations go may result in the pension or expuly automobiles op	or during this free overning condu at individual be sion from scho	ee time. I fullict during sent hool. It is furt	lly understand that par the trip. Any violati ome at his/her and/o her understood that th	o responsibility for the ticipants are to abide by on of these rules and parents' expense and e above-named student rother licensed drivers,	
and that reas precaution tal	onable attempts	will be made to ctors can ensure	safeguard : this safety	students and equipmer if the student does not	ive certain risks involved nt, but that no amount of obey and cooperate and	
Parent/Guard	lian Signature	Date	Stude	nt Signature	Date	
Address				Telephone	Date	
Family Health	Insurance Carri	er		Policy Number		
Address		City/Sta	ate		Zip	
MAIN LANG	JAGE SPOKEN	N HOUSEHOL	D:			
EMERGENC'	Y CONTACT:					
		Name and Telepl	hone			

Distribution: White: School Site Form 6153.6 (Rev. 5/01, 8/05, 10/07) Pink: Parent/Guardian/Student Yellow: Staff/Trip

Field Trip Permission 6153.6 [5/09-5000]