



VOLUNTARY FIELD TRIP PERMISSION SLIP AND MEDICAL AUTHORIZATION

Student _____ School Kent Middle School Teacher 8th Grade

Dear Parent / Guardian: Your consent is required for your child to participate in a District excursion or field trip. No student will be allowed to participate in the excursion or field trip without this signed permission slip.

Field Trip / Event / Destination: Six Flags/Marin World

Single Day Field Trip [checked] Multiple Day Field Trip []
Transportation: [checked] Bus [] Private Vehicle [] Walking [] Other []

Date of Field Trip: June 11, 2019 Time Leave: 8:30 am
Time Return: 4:00 pm

Student's Address _____

In case of emergency, I can be reached at _____ and _____
Home Phone Work Phone Cell Phone

- We will need volunteer drivers. Please indicate if you can drive.
We will need additional chaperones. Please check if you can chaperone.
A voluntary donation/fee of \$ _____ is requested for: _____
Other items to bring: _____

YES I can drive. # of seatbelts in backseat.
NO I cannot drive
YES I can chaperone NO I cannot chaperone
ENCLOSED is my voluntary donation/fee of \$ _____
I am enclosing an additional voluntary donation of \$ _____ to supplement the field trip costs for those who cannot contribute.

Children will need a disposable bag lunch, with child's name clearly marked on the bag.

I DO permit my child to go on this excursion / field trip. In the event of any illness or injury, I hereby consent to whatever x-ray, examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon is deemed necessary for the safety and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent(s), guardian(s), or participant. (Whenever possible, attempts will be made to contact the parent / guardian prior to taking any medical action.)
I DO NOT permit my child to go on this excursion / field trip. I understand that my child can receive an alternative instruction assignment (if appropriate).

HEALTH INFORMATION:

Is your child on medication? [] Yes [] No
Type of Medication _____ When and how often taken: _____
Amount of dosage: _____
Please add information that you feel we need to know about your child's health: _____
Is there anything that may cause an allergic reaction, like a bee sting, penicillin, etc.? _____
Are there any physical defects or congenital illnesses that may endanger his/her activity or safety? _____
Do you have health/accident insurance? _____
Company Name: _____ Group Number: _____

I understand and acknowledge that, as provided in Education Code Section 35330, by consenting to allow my child to participate in this field trip, I shall, by law, be deemed to have given up all claims against the Kentfield School District and each of its officers, employees and agents (hereinafter collectively referred to as "District") for any injury, accident, illness or death occurring during or by reason of the field trip. I also agree to relieve the District of any responsibility for damage to or loss of my child's property occurring during or by reason of the field trip.

Signature of Parent / Guardian

Date