

Audubon Elementary School

841 Gull Ave.

Foster City, CA 94404

FIELD TRIP PERMISSION FORM

_____ will be taking the class on a field trip to _____
(Teacher's Name) (Location)

on _____
(Date)

The class will leave at approximately _____ and return approximately _____.

The class will travel by BUS PRIVATE CAR FOOT Students will be supervised at all times.

Students will will not need a bag lunch. (If lunch is needed, please no bottles or cans.)

Drivers will will not be needed for this trip.

Costs incurred by this trip in the amount of _____ per student/adult. **Your contribution makes this trip possible.**

Under the general school policy, siblings of students are not allowed to attend.

Other details: _____

Please read, detach and return the bottom permission form to the teacher by _____

Name of Student: _____ Teacher/Field Trip _____

- I grant permission for my child to accompany the class on the described field trip. Enclosed is \$_____ donated to help cover the cost of the trip. **(Please send cash or check payable to Audubon School.)**
- I do not desire my child to attend the described field trip. I understand alternate plans will be provided at the school while the class is on the trip.
- If needed, I would be interested in driving. I have signed and updated papers in the school office.

I understand that all students participating in this trip will be responsible in conduct to the driver and to the teachers or adult sponsors at all times. It is further understood that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made with the school's approval.

AUTHORIZATION TO TREAT A MINOR: In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the school staff to secure proper treatment for my child.

I understand that Education Code Sec. 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against the San Mateo-Foster City School District or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion and I therefore acknowledge that as a condition of my son/daughter/ward participating in the activity described above, I waive any and all claims against the San Mateo-Foster City School District for injury, accident, illness or death occurring during or by reason of the participation in the activity.

I hold harmless the San Mateo-Foster City School District and its employees in the unlikely event that an accident may occur during the course of this field trip.

(Signature of Parent/Guardian)

(Date)