



# CONSENT TO PARTICIPATE IN SCHOOL STUDY TRIP/ACTIVITY

\_\_\_\_\_ School

## TO BE COMPLETED BY SCHOOL PERSONNEL:

Description of study trip or activity: \_\_\_\_\_

\_\_\_\_\_

Date(s) of the trip: \_\_\_\_\_

Transportation will be provided by:            **School Bus**            **Other:** \_\_\_\_\_

Participants will leave from (location) \_\_\_\_\_ at \_\_\_\_\_ (leave time)  
and return at approximately (return time)

**If participants return after the normal school dismissal time, parents must arrange for transportation home.**

**SPECIAL INSTRUCTIONS:** (sack lunch, special clothing, etc.) \_\_\_\_\_

## TO BE COMPLETED BY PARENT/LEGAL GUARDIAN:

I hereby give my permission for (student's name) \_\_\_\_\_ (hereinafter, "dependent") to participate in the above described study trip/activity. I fully understand that he/she is to abide by all rules and regulations governing conduct during the study trip. It is understood that anyone determined to be in violation of these behavior standards may be sent home at the parent or guardians' expense and may be subject to further disciplinary action.

I understand and acknowledge that, as provided in Education Code Section 35330, by consenting to allow my dependent to participate in this study trip, I shall, by law, be deemed to have waived all claims against the Rialto Unified School District, each of its officers, employees and agents (hereinafter, "District") for any injury, accident, illness or death occurring during or by reason of the study trip. I also agree to relieve the District of any responsibility for damage to or loss of my dependent's property occurring during or by reason of the study 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 as deemed necessary for the safety and welfare of my dependent. It is understood that the district has no insurance covering such medical costs and therefore, resulting expenses will be the responsibility of the parent (s), and or participant. (whenever possible, attempts will be made to contact the parent / Guardian prior to taking any medical action.

\_\_\_\_\_  
Signature of Parent / Guardian

Home Phone

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Mother's Work Phone

Father's Work Phone

\_\_\_\_\_  
Health Insurance/Student Accident Insurance \*

Policy Number Phone

\_\_\_\_\_  
Emergency Contact Person (If unable to reach above)

Phone Number

●  
above) **All medications must be pre-registered with the school following the District's Health Services procedures. Contact your school Office for specific procedures**

Check here if your dependent has a special medical problem or requires medication during the trip. Describe any special problems or medications, along with the reason to be taken: \_\_\_\_\_

Check here if there are no special problems that the staff should be aware of and no medications are required on the trip.

Free, reduced, and full price sack lunches are available to participants.  Check here if you would like a lunch provided to your dependent. (Contact school for prices.)

**\* If you do not have health insurance, the District provides forms for you to obtain a low-cost student accident insurance plan. The forms are available at your school office.**