



**PARENT'S OR GUARDIAN'S PERMISSION FOR FIELD TRIPS  
AND AUTHORIZATION FOR MEDICAL CARE**

To the Principal of \_\_\_\_\_ High School

\_\_\_\_\_ has my permission to participate in field trips in 2011 and 2012 with the All-District Honor Band as follows:

October 1	9 a.m. – 4 p.m.	El Sereno Middle School
October 8	9 a.m. – 4 p.m.	El Sereno Middle School
October 15	9 a.m. – 4 p.m.	El Sereno Middle School
October 22	9 a.m. – 4 p.m.	El Sereno Middle School
October 29	9 a.m. – 4 p.m.	El Sereno Middle School
November 5	9 a.m. – 4 p.m.	El Sereno Middle School
December 3	9 a.m. – 4 p.m.	El Sereno Middle School
December 17, 19-23, 26-31	9 a.m. – 4 p.m.	Dodger Stadium / El Sereno MS
December 29	9 a.m. – 6 p.m.	El Sereno MS / Pasadena
December 30	9 a.m. – 10 p.m.	El Sereno MS/ Disneyland
December 31	9 a.m. – 2 p.m.	Dodger Stadium
January 1	5 a.m. – 4 p.m.	El Sereno MS / Pasadena / El Sereno MS

Transportation will be by school as explained in the All-District Honor Band transportation schedules. Pupils should bring a sack lunch without liquids. I agree to direct my child to cooperate with directions and instructions of the school district personnel in charge of this activity.

**PARENT'S PLEASE NOTE:**

Section 35330 of the California Education Code states in part:

“All persons making the field trip are deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion”.

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

\_\_\_\_\_  
Date

------(To be carried by activity supervisor)-----

**AUTHORIZATION FOR MEDICAL CARE**

Should it be necessary for my child to have medical care while participating in the All-District Honor Band, I hereby give School District personnel permission to use their judgment in obtaining medical care for the child, and I give permission to the physician selected by the School District personnel to render medical care deemed necessary and appropriate by the physician. I understand that the School District has no insurance covering such medical and hospital costs incurred by my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Parent/Guardian's Work Phone Number

\_\_\_\_\_  
Emergency Contact and Phone Number

PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE IN THE SCHOOL

*(Duplicate Front and Back as needed)*