## South Pasadena Unified School District **Permission Release**

STUDENT/CHAPERONE PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP
PARENTAL PERMISSION, ASSUMPTION OF RISK, AND
MEDICAL TREATMENT AUTHORIZATION

MEDICAL TREATMENT AUTHORIZATION					
Student/Volunteer's Namehas permission to participate in the following field trip:					
Organization/Group First Grade School Marenal Grade					
Teacher/Requestor In Charge Lay/Chang/Ho/Lewis/000210/Date of Trip 5/20/22 Day Thursday					
Destination/Nature of Activity: L. A. 200					
Special Instructions Bring water Puttles and Junih or order a Sack Linch (e.g., Bring sack Junch)					
TRANSPORTATION BY					
Bus Car Walking Volunteer Driver Other (Specify)					
TIME SCHEDULE					
Departure from Site 9:00 (am/pm Destination Arrival 9:30 am/pm					
Departure from Destination 1530 am/pm Return time to Site 2:00 am/pm					
PICK-UP AND DELIVERY POINTS					
Pick-Up/School Mayengo Ave Jouth Pasadena, CA					
Unloading Location L. A. 200 Specific Address 5333 200 Dr., LOS Angeles, CA 1911					
Stopping for meals Yes NoX_Lunch provided by Food ServiceStudent					
HEALTH OR SPECIAL NEEDS					
Initials:					
I/my child have/has no special health needs the staff should be aware of, and no medication is required on the trip.					
I/my child have/has special health needs, and instructions are attached. Number of attached pages:  Other:					
In the event of illness or injury, I do hereby consent to x-ray examination, anesthetic, medical, surgical or dental diagnosis					
or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending					
physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.					
I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. I understand that no student will be denied access to this trip due to an inability to pay.					
As provided for in California Education Code Section 35330, I agree to waive all claims against the South Pasadena Unified School District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.					
<u>SIGNATURES</u>					
Parent/Guardian/ChaperoneWork Phone ( )					
(Signature) (Please Print) Home Phone ( )					
In case of emergency or you can not be reached Work Phone ( )					
(Please Print) (Relationship) Home Phone ( )					
Student's (Signature) (Student's Date of Birth)					
Family Medical Insurance CarrierPolicy Number:					
(e.g., Blue Cross)					

## Attention!!

### FIELD TRIP NOTICE

<u>Sack lunches</u> are available at <u>no cost</u> from the cafeteria for our upcoming field trip.

Three	entrée	choices	are	availa	hle:
111100		CHUICUS	410	44 4 44 11 14	

- A) Smucker's PB&J Uncrustable Or Soy Butter Pocket w/ String Cheese
- B) Turkey Sub Sandwich
- C) WG Cocoa Muffin w/ String Cheese

# Don't Miss Dut!

#### Sides will include:

- ✓ Fresh Fruit
- ✓ Carrot Sticks
- ✓ Cracker or Baked Chip variety
- ✓ "Fruitables Plus" Juice
- ✓ 1% White or Chocolate Milk (may decline below)

Field Trip Sack Lunch qualifies as "school" lunch, and will be recorded on your student's account. One lunch per day is available at no cost. MENU SUBJECT TO CHANGE without NOTICE.

Please fill out the form below and return to your	
Date of Field Trip: May 26, 2027	
Student's Name	school: <u>Marengo</u>
Pin # Teacher/ Class	sroom:
Entrée Choice: (circle one) Entrée "A"	Entrée "B" Entrée "C"  Decline Milk?