



**MORGAN HILL UNIFIED SCHOOL DISTRICT
PARENT'S OR GUARDIAN'S PERMISSION
FOR STUDENT PARTICIPATION IN
MORGAN HILL UNIFIED SCHOOL DISTRICT'S
SPONSORED VOLUNTARY FIELD TRIP/EXCURSION AND
ASSUMPTION OF RISK**

To the Principal of: _____ (School)

_____ has my permission to participate in the
(Student Name: please print)

(Field Trip /Excursion) _____ on _____
Date

Departure time: _____ A.M. / P.M. Return time: _____ A.M. / P.M.

Special Instructions: _____
(e.g. Bring sack lunch.)

Supervising Teacher (please print): _____

Method of Transportation TO (T) and FROM (F): (PLEASE MAKE NOTE OF BOTH)

_____ Student is **Walking** _____ Student **will ride on District Bus/Vehicle**
_____ Student will ride in **Private Vehicle** _____ Student will ride with **parents**

PLEASE NOTE: Section 35330 of the California Education Code states in part: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district, a charter school, or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. All adults taking out-of-state field trips or excursions and all parents or guardians of pupils taking out-of-state field trips or excursions shall sign a statement waiving all claims." Participants in the field trip/excursion are to abide by all rules and regulations governing conduct during the field trip/excursion and failure of a student to comply with rules may result in the student being sent home at the parent/guardian's expense. **Field trips are voluntary and a privilege; student may remain in school at parent/ guardian's request.**

ASSUMPTION OF RISK: By signing below, I agree to waive all claims and liability against the Morgan Hill Unified School District ("District"), its Board members, administrators, officers, agents, and employees which may result from my/my child's participation in the field trip/excursion and acknowledge that the field trip/excursion and its activities may expose my child to potential harm including injury or death.

Signature of Parent/Guardian **Please Print Name** **Date**

Work Phone () _____ **Home Phone ()** _____ **Cell Phone ()** _____

IF STUDENT IS AGE 18 OR OLDER, STUDENT MUST COMPLETE THE INFORMATIONAL SECTIONS ABOVE AND COMPLETE & SIGN BELOW

I certify that I am age 18 or older.

Signature of Student **Please Print Name** **Date**

Age of Student

Work Phone () _____ **Home Phone ()** _____ **Cell Phone ()** _____