



ANNUAL EVENTS FIELD TRIP/EXCURSION CONSENT

PERRIS UNION HIGH SCHOOL DISTRICT

Dear Parent/Guardian: Your student, as a member of the Class/Club/Organization listed below, will have the opportunity to participate in multiple field trip/excursions. Your consent is required for your child to participate in each of these activities. Rather than submit a single consent form for each field trip/excursion, this consent form is used for the various activities as listed on the following page(s) of this form. Should additional activities be planned that are not listed, another form will be required.

Please complete and return this form to: _____

Student Name:		School:	
ANNUAL EVENTS FIELD TRIP/EXCURSION INFORMATION (additional activities listed on reverse)			
Sponsoring Class/Club/Organization:			
Season/Duration of Events:			
Name of Person in Charge:		Contact Telephone#	

HEALTH INFORMATION

In the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Health Needs

My child has a special medical/health need, including allergies and/or medication *(Please provide details or special instructions below.)*

Emergency Contact Information:

(In the event of an emergency, please list the names and telephone numbers below in the order you wish them to be called.)

1. _____
2. _____

PARENTAL / GUARDIAN CONSENT

I fully understand that participants are to abide by all rules and regulations governing conduct during these trips. Any violation of these rules and regulations may result in that individual being sent home at the expense of his/her parent/guardian.

As stated in California Education Code Section 35330, I understand that I hold the Perris Union High School District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connections with my child's participation in these activities.

See reverse side for annual events/field trips/excursions

Signature of Parent/Guardian

Date

Signature of Student

Date



ANNUAL EVENTS FIELD TRIP/EXCURSION CONSENT

PERRIS UNION HIGH SCHOOL DISTRICT

Dear Parent/Guardian: Please sign the specific activities you wish your child to participate in.

Date of Event/Activity:			
Name of Event/Activity:			
Destination Name:			
Destination Address:			
Departure Time:	a.m./p.m.	Return Time:	a.m./p.m.
Departure Location:			
Return Location:			
Method of Transportation:	<input type="checkbox"/> District Bus <input type="checkbox"/> District Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> Charter Bus <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Other _____ <input type="checkbox"/> Private Vehicle <i>(Requires the completion of Private Vehicle Consent Form.)</i>		
Special Instructions/Additional Information:			
_____ Signature of Parent/Guardian			

Date of Event/Activity:			
Name of Event/Activity:			
Destination Name:			
Destination Address:			
Departure Time:	a.m./p.m.	Return Time:	a.m./p.m.
Departure Location:			
Return Location:			
Method of Transportation:	<input type="checkbox"/> District Bus <input type="checkbox"/> District Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> Charter Bus <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Other _____ <input type="checkbox"/> Private Vehicle <i>(Requires the completion of Private Vehicle Consent Form.)</i>		
Special Instructions/Additional Information:			
_____ Signature of Parent/Guardian			

Date of Event/Activity:			
Name of Event/Activity:			
Destination Name:			
Destination Address:			
Departure Time:	a.m./p.m.	Return Time:	a.m./p.m.
Departure Location:			
Return Location:			
Method of Transportation:	<input type="checkbox"/> District Bus <input type="checkbox"/> District Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> Charter Bus <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Other _____ <input type="checkbox"/> Private Vehicle <i>(Requires the completion of Private Vehicle Consent Form.)</i>		
Special Instructions/Additional Information:			
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Date of Event/Activity:			
Name of Event/Activity:			
Destination Name:			
Destination Address:			
Departure Time:	a.m./p.m.	Return Time:	a.m./p.m.
Departure Location:			
Return Location:			
Method of Transportation:	<input type="checkbox"/> District Bus <input type="checkbox"/> District Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> Charter Bus <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Other _____ <input type="checkbox"/> Private Vehicle <i>(Requires the completion of Private Vehicle Consent Form.)</i>		
Special Instructions/Additional Information:			
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Date of Event/Activity:			
Name of Event/Activity:			
Destination Name:			
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Departure Location:			
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Method of Transportation:	<input type="checkbox"/> District Bus <input type="checkbox"/> District Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> Charter Bus <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Other _____ <input type="checkbox"/> Private Vehicle <i>(Requires the completion of Private Vehicle Consent Form.)</i>		
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Date of Event/Activity:			
Name of Event/Activity:			
Destination Name:			
Destination Address:			
Departure Time:	a.m./p.m.	Return Time:	a.m./p.m.
Departure Location:			
Return Location:			
Method of Transportation:	<input type="checkbox"/> District Bus <input type="checkbox"/> District Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> Charter Bus <input type="checkbox"/> Rental Vehicle <input type="checkbox"/> Other _____ <input type="checkbox"/> Private Vehicle <i>(Requires the completion of Private Vehicle Consent Form.)</i>		
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