

TRANSPORTATION FOR SCHOOL-RELATED TRIPS

Poway Unified School District
Poway, California 92064

TRIP PERMIT

The activity described below is entirely VOLUNTARY. If you, your child, or other invited guest want to participate, it will be necessary to specifically request it. Please complete this application form and return it to the school.

Education Code 35330 provides that any person attending a field trip or excursion must waive all claims against the school district and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion. Accordingly, I hereby waive all claims which I may have against the Poway Unified School District, its officers, agents, and employees for injury, accident, illness, or death occurring during or by reason of the activity described above.

District policy states that students are not allowed to transport other students to/from extracurricular activities.

I, the undersigned, request that the person named below be granted permission to participate in this voluntary activity.

I, the undersigned, request that the person named below not participate in the voluntary activity and a suitable alternate assignment will be arranged.

\_\_\_\_\_ a student/parent at \_\_\_\_\_ School
(Participant's Name) (Name of School)

Wishes to participate in \_\_\_\_\_
(activity name or description)

from \_\_\_\_\_ / \_\_\_\_\_ am/pm to \_\_\_\_\_ / \_\_\_\_\_ am/pm
(date) (time) (date) (time)

or during \_\_\_\_\_ / Transportation will be provided by:
(specify the semester or season)

\_\_\_ School Bus \_\_\_ Charter Bus \_\_\_ Private Auto \_\_\_ Other \_\_\_\_\_

**TRANSPORTATION FOR SCHOOL-RELATED TRIPS** (continued)

*Medical Authorization: In the event of an accident or sudden illness, the school district has my permission to render whatever emergency medical treatment might be deemed necessary for my child.*

_____	_____	( _____ )
Date	Signature of Parent or Guardian	Primary Phone Number
_____	_____	( _____ )
Date	Signature of Student (if over 18 years of age)	Primary Phone Number

Instructions: This form is intended for trip participants other than PUSD employees, including students, parents, and their approved guests. Give to Principal or designee who retains signed copy on file for one year from date of the event.