



**FIELD TRIP/EXCURSION PERMISSION SLIP**  
**(Student)**

**TRIP INFORMATION**

School or Center: \_\_\_\_\_

Destination: \_\_\_\_\_  
(place(s) and/or activity(ies)/event(s))

Date(s) of trip: \_\_\_\_\_. Field trip/excursion is scheduled to leave \_\_\_\_\_

at \_\_\_\_\_ on \_\_\_\_\_, and return to School at approximately \_\_\_\_\_ on \_\_\_\_\_  
(time a.m./p.m.) (date) (time a.m./p.m.) (date)

**The field trip will involve the following:** (Describe in detail, indicate approximate time(s), name(s) and address(es) of location(s)):  Swim permission required below.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Class or group attending:** \_\_\_\_\_ **Number of students:** \_\_\_\_\_

**Names of teacher(s), coach(es), and chaperone(s):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Site Contact Person: \_\_\_\_\_

**Mode(s) of transportation** (for example, walking, AC Transit, BART, AMTRAC, school bus, charter bus, private automobiles (List in detail routes for each segment of Field Trip/Excursion):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If traveling by automobile,** name(s) of approved driver(s): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Specify anything that the student needs to bring: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**FIELD TRIP/EXCURSION PERMISSION SLIP**  
**(Student)**

**PARENT/GUARDIAN AUTHORIZATION**

I hereby grant permission for my daughter/son/ward \_\_\_\_\_  
(Name of Student)

to participate in the field trip or excursion to: \_\_\_\_\_ Date(s): \_\_\_\_\_

1. **I understand** that this field trip/excursion is optional and attendance by my daughter/son/ward is not required and that an alternative activity at School will be provided if I do not give permission for my daughter/son/ward to participate.
2. **I understand** that all students going on this field trip/excursion will be responsible in conduct to the bus driver(s), to teacher(s), and, if applicable, to adult sponsor(s) at all times.
3. **I understand** that students are required to go and return from this event on the transportation provided, unless prior arrangements have been made and agreed to in writing by the principal, site administrator, or teacher.
4. **I understand** that there will be times during the trip when my daughter/son/ward will not be accompanied by an adult or that the ratio of students to adults is more than 10 to 1.
5. **I hereby acknowledge** that I have been advised of the activities involved in this field trip/excursion, and that the field trip/excursion may be inherently dangerous.
6. **I understand** that there is no insurance provided by the Oakland Unified School District for this field trip/excursion, although the District has made student accident insurance available for purchase at my expense.

**Swim Permission** – Complete only if swim box is checked. Do you give permission for your daughter/son/ward to participate in swimming activities during the above referenced field trip/excursion? \_\_\_Yes \_\_\_No

My child's swimming ability is (check one): \_\_\_Beginner \_\_\_ Intermediate \_\_\_ Advanced

**Authorization to treat minor:** In the event that I cannot be contacted, I hereby give permission to the School staff to secure proper treatment for my daughter/son/ward. I have read and understand the trip information materials.

Do you agree to be financially responsible for expenses incurred for treatment under the circumstances describe above? \_\_\_Yes \_\_\_No

**Notice of Waiver of All Claims:** Education Code § 35330 provides that all persons making a field trip or excursion shall be deemed to have waived all claims against any school district, charter school, or the State of California for injury, accident, illness or death occurring during or by reason of the field trip or excursion, regardless of who holds the claims. If the field trip or excursion to which this permission slip applies is out-of-state, I hereby knowingly waive all of my and my daughter's/son's/ward's claims against any school district, charter school, and/or the State of California for injury, accident, illness or death occurring during or by reason of the out-of state field trip or excursion.

Parent/Guardian Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Student's Critical Medical Needs/Medications/Allergies/Conditions: \_\_\_\_\_

Health Insurance Plan Name: \_\_\_\_\_ Subscriber/Policy No. \_\_\_\_\_

Date: \_\_\_\_\_ Parent or Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**FOR HIGH SCHOOLS ONLY:** With the supervising teacher's approval, a high school student may wish to meet at and/or leave from the destination on his/her own. If this choice applies to your daughter/son/ward and you approve, please check one of the options below. Under this option, OUSD and the School will not be liable for any incidents that may occur. Otherwise, he/she will leave and arrive with the supervising teacher.

\_\_\_\_\_ My high school student will arrive at the destination on his/her own.

\_\_\_\_\_ My high school student will leave the destination on his/her own.