## Los Angeles Unified School District (Fax Form #2)

## PARENT'S OR GUARDIANS PERMISSION FOR A FIELD TRIP AND AUTHORIZATION FOR MEDICAL CARE

To: the Principal of CVESCENT HEIGHTS	School
	Has my permission to participate in the
field trip to CALIFOVNIA SCIENCE CENTEV	on Friday, May 3rd
Departure 9:30 A.M. A.M/P.M	Return 2:00 P.M. A.M/P.M
Supervising Teacher MYG. KENNEDY, MG. GOM	IMIG, MYG. Blanco
<u>.UNCH</u>	METHOD OF TRANSPORTATION
Student will be at school during lunch Students should bring sack lunch without liquid Other: Gtydenty GNOVLA BYING LUNCH W	□ Walking □ School bus □ Private auto  Other: □ □ Vị th Liquid.
PARENTS, PLEASE NOTE:	
Section 35330 of the <u>California Education Code</u> states in part:  "All persons making the field trip shall be deemed to he for injury, accident, illness, or death occurring during of the Accident insurance can be purchased for a minimal or daily rate.  I agree to direct my child to cooperate with directions and instructions."	by contacting the school.
parent's/Guardian's Signature	Date
THORIZATION FOR MEDICAL CARE	Students name
nould it be necessary for my child to have medical are while participating in this trip, I hereby give e School District personnel permission to use eir judgment in obtaining medical care for the hild, and I give permission to the physician elected by the School District Personnel to hider medical care deemed necessary and peropriate by the physician. I understand that the chool District has no insurance covering such ledical or hospital costs incurred for such treatment hall be my sole responsibility.	Home address
	Home telephone number
	Business telephone number of parent or guardian
	Emergency telephone number
iii be my sole responsibility.	Emergency telephone number  Authorization signature of parent or guadian

? PLEASE CHECK HERE IF INSTRUCTIONS FOR SPECIAL MEDICAL TREATMENT FOR THE STUDENT ARE ON FILE IN THE SCHOOL (Form 34-EH-17 Rev, 4/95 C/C 966 121 8901