		TEACHED.			
STUDENT NAME:		TEACHER:			
e e e e e	PETALLIMA (ITY So 200 Douglas Street, Petaluma				
	FIELD TRIP CONSE	NT FORM			
DESTINATION:					
DATE:	DEPARTURE TIME:	RETURN TIME:			
MODE OF TRANSPORTA ☐ School bus		COST: ☐ NO ☐ YES: (no student shall be excluded bas			
☐ Employee driver/pr☐ Volunteer driver/pri☐ Other (walking, etc	vate car	Needs to bring paper bag ☐ NO ☐ YES (no gla			
• =	IZATION TO CONSENT O	F TREATMENT OF MI	NOR		
Student Name:					
· · · · · · · · · · · · · · · · · · ·	Please print				
Birthdate: Male Telep		ne:			
Falent Name.	Please print	Work/Home	Cell		
Other local person	to call in case of emergency:	ine.			
Name:	Please print Telepho	Work/Home	Cell		
A) Name of Health Insurance:					
B) Please indicate if your and are there any specific	child has any special health needs instructions, including the need fo	s or limitations, including allerg	ies, asthma, etc.		
	Please print				
	PERMISSION AUTH	HORIZATION			
☐ I will not be availa	to chaperone for this field trip ble to chaperone for this field trip pmobile insurance information and a RIVATELY OWNED VEHICLES' fo	a completed PB 276 'TRANSF rm is on file in the office and c	PORTATION OF an transport		
3) should it be nec	ip, transported as noted above on this essary for my child to have medic hereby give the school personnel cal service. Further, I give per	cal treatment while participation to use their judg	Ment in opraining me		

- personnel to render medical treatment deemed necessary and appropriate, and
- my child shall be directed to comply with the directions and instructions of school personnel in charge of 4) the field trip/excursion.

I understand that all students going on this trip will be responsible for their conduct to teachers or adult sponsors. It is further understood that students will go and return from the event on the transportation provided.

Under the provisions of Education Code 35330 "(d) 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."

Ø	Signature	of	Parent/Guardian
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