

NOTE: Please return to Ms. Diana or Ms. Denice in Room 108, or the Front Office. Students without permission slip will NOT be able to participate. Thank you!

POMONA UNIFIED SCHOOL DISTRICT (DISTRICT)
 800 SOUTH GAREY AVENUE
 POMONA, CA 91766

**STUDENT PARTICIPATION IN VOLUNTARY FIELD TRIP
 PARENTAL PERMISSION, ASSUMPTION OF RISK, AND
 MEDICAL TREATMENT AUTHORIZATION**

Date: _____

Student's Name _____, has permission to participate in the following field trip:

Destination/Nature of Activity: Back 2 School Blockbuster - After School Activity/Fundraiser
 (Please be specific, e.g., Concern at Norwalk-LaMirada Arts Center)

Special Instructions/Information: We will be finishing promptly at 3:15pm. Student needs to be picked up by adult.
 (e.g., Bring sack lunch)

Departure Date: 08/13/24 Time: 1:15pm (AM/PM) Return Date: 08/13/24 Time: 3:15pm (AM/PM)

Person in Charge: Diana Elizabeth Hernandez Position: Community School Coordinator School: Emerson Middle School

Type(s) of Transportation
 School Bus/Vehicle Walking Other not applicable. We will be on campus.

Health or Special Needs: Check as appropriate

<input type="checkbox"/>	My student has not special health needs the staff should be aware of, and no medication is required on the trip.
<input type="checkbox"/>	My student has a special need, and instructions are attached. Number of <i>attached</i> pages are: _____ ← insert #
<input type="checkbox"/>	Other: _____

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 considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the District and hold the districts, its board members, officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

Signature Parent/Guardian _____ Print Name Parent/Guardian _____
 Work Phone (____) _____
 Home Phone (____) _____
 Cell Phone (____) _____

Date Signed: _____

Student's Signature _____ Date of Birth (MM/DD/YR) _____

Family Medical Insurance Carrier: _____ Policy Number: _____
 (e.g., Blue Cross, Kaiser, Aetna, etc.)

In the Event of Emergency Contact:
 Signature Parent/Guardian _____ Print Name Parent/Guardian _____
 Work Phone(____) _____
 Home Phone(____) _____
 Cell Phone (____) _____