

Signature of Parent/Guardian

Date

As stated in California Education Code Section 35330, I understand that I hold the Corona-Norco Unified School District its officers, agents and employees harmless from any and all liability and claims, which may arise out of or in connection with my child's participation in this activity.

- Do you have health/accident insurance? _____
- Are there any physical defects or congenital illnesses that may endanger his/her activity or safety? _____
- Is there anything that may cause an allergic reaction, like a bee sting, penicillin etc? _____
- Please add information that you feel we need to know about your child's health: _____
- Amount of dosage: _____
- Type of Medication _____
- Is your child on medication? _____
- When and how often taken: _____

HEALTH INFORMATION:

- I DO NOT permit my child to go on this excursion/field trip. I understand that my child can receive an alternative instructional assignment (if appropriate).
- I DO permit my child to go on this excursion/field trip. I hereby grant permission for the District to provide emergency medical treatment, if required, and I accept liability for such treatment.

In case of emergency, I can be reached at _____ Home Phone _____ Business Phone _____ OR _____ Other Emergency Number _____
Student's Address _____

Transportation: Bus District Vehicle Walking Other _____

TIME:		TIME:	
DATE:		DATE:	
DEPARTURE		RETURN	

Single Day Field Trip Multiple Day Field Trip
Teacher _____

Field Trip/Event/Destination: _____
Dear Parent/Guardian: Your consent is required for your child to participate in a District excursion/field trip. No student will be allowed to participate in the excursion/field trip without this signed permission slip.

Student _____ School _____