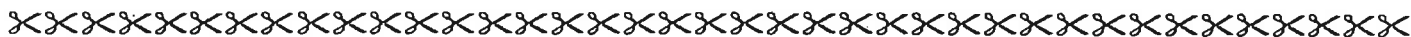# Vista Unified School District
PARENT PERMISSION FOR SCHOOL FIELD TRIP
GRADES K-12

> *This form must be filled out and approved at least 24-hours prior to the activity*

DESTINATION **All Volleyball Matches/Tournaments/Events**

DATE OF ACTIVITY **Duration of the Season** DEPATURE TIME **Various Times** RETURN TIME **Various Times**

TYPE OF TRANSPORATION: ☐ SCHOOL BUS ☒ PRIVATE VEHICLE ☐ WALK ☐ OTHER

Student will need: ☐ SACK LUNCH ☒ SNACK

☐ DONATION The total cost of this field trip is $ **N/A** for a total of **N/A** students.
Your donation of any amount to help with the cost of this field trip would be greatly appreciated.
Please remember that donations are non-refundable.

☐ SPECIAL CLOTHING – Specify: **Uniform and gear wear**

☐ SPECIAL EQUIPMENT – Specify: **N/A**

✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂✂

Please return this portion to the teacher

Does your child have a medical problem?	*(Diabetes, seizures, asthma, etc.)*	☐ YES	☐ NO	Specify:	
Does your child have a serious allergy?	*(Bee stings, foods, medications, etc.)*	☐ YES	☐ NO	Specify:	
Does your child require medication during the hours of the field trip?		☐ YES	☐ NO	Specify:	

The undersigned parent or guardian of _____, age_____, a student of the Vista Unified School District, hereby grants permission for said student to participate in all aspects of the above named club or activity.

Permission is also hereby granted to any adult to seek and obtain medical assistance and services for said student on such field trip or activity, if required.

California Education Code §35330. Excursions and field trips

"....All persons making the field trip or excursion shall be deemed to have waived all claims against the district of state of California for injury, accident illness, or death during or by reason of the field trip or excursion...."

Parents/guardians do not give up the right of minors by signing this form.

_____
Signature of Teacher   Date

_____
Signature of Administrator   Date

_____
Print Legal Parent/Guardian Name
The district reserves the right to verify signatures

_____
Signature of Legal Parent/Guardian   Date

_____
Address

_____
Work Phone   Home Phone

Student's address and telephone (if different from above)

_____

_____
Phone