

LUCIA MAR UNIFIED SCHOOL DISTRICT  
Business Office

FIELD TRIP PARTICIPATION

Please return by  
Monday, Dec. 7  
or before

CHECK ONE:

Curricular

Returned by: Monday, Dec. 7 or before

Extracurricular

School site: \_\_\_\_\_

Field Trip Description: Poinsettia-Gram Deliveries

Date of trip: Friday, Dec 18

Location: 5 Cities Area

Departure time: ~ 2:15 pm

Teacher/Supervisor: Kirby

Return time: ~ 6:00 pm or before

TRANSPORTATION: (Please check only one.)

District vehicle

Adult carrier(s): (Print driver's name.) To be determined

Private/charter bus

Medical: \_\_\_\_\_

Walking

AUTHORIZATION FOR FIELD TRIP PARTICIPATION

(Print student's name.) [Signature]

\_\_\_\_\_ has my permission to participate in the above field trip sponsored by the Lucia Mar Unified School District, including side trips connected herewith. It is my understanding that this field trip is made pursuant to the provisions of Education Code Sections 35350 and 35330, and that such sections provide that all persons making the field trip shall be deemed to have waived all claims against the Lucia Mar Unified School District, the San Luis Obispo County Superintendent of Schools, or the State of California for injury, illness, or death occurring during or by reason of the field trip. It is my further understanding that pupils will be under school supervision during this trip and transportation is being furnished by, or as authorized by, the Lucia Mar Unified School District.

Only the assigned supervisors are hereby authorized in case of emergency to obtain any and all necessary medical assistance or treatment for the above stated person using the Emergency Care Card information, and to authorize the giving of such assistance or treatment in the place of the undersigned.

I fully understand that all participants are to abide by and accept all rules and requirements governing conduct during the field trip/excursion. Students on approved trips are under the jurisdiction of the Governing Board and subject to school rules and regulations.

I further understand and agree that my child will be transported to and from the above indicated activity:

by or as authorized by the Lucia Mar Unified School District

by an adult carrier in his/her vehicle: (Print driver's name.) To be Determined

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Medical needs/special conditions: \_\_\_\_\_