



STOCKTON UNIFIED SCHOOL DISTRICT
Educational Services Division
Elementary/Secondary Education

FIELD TRIP PERMIT

PARENT MUST COMPLETE BOTH SIDES OF THIS FORM, AND RETURN IT TO THE SPONSORING TEACHER BEFORE THE FIELD TRIP.

Name of Student _____ Birth Date _____ School _____

I hereby agree to permit my son/daughter to take part in the school activity/field trip listed below and to use the transportation indicated:

Activity/Field Trip Intramural Sports
(Trip to Cannery, Key Club Convention, etc.)

Activity/Field Trip Date See Schedule Transportation Stockton Unified School Bus
(School Bus, Charter Bus, etc.)

Purpose of Field Trip STEP Up Intramural Sports

Name of Sponsoring Teacher _____

Home Phone _____ Cell Phone _____ School Phone/Ext _____

It is agreed that my son/daughter will abide by the provisions in the California Education Code, the Official Operating Policies of the Stockton Unified School District, and the rules and regulations of the sponsoring teacher while participating in this field trip.

I hereby agree and understand that if my son/daughter breaks any rules and regulations that places the safety, education, or welfare of the group or himself/herself in jeopardy, he/she will be sent home early, and at my expense. Furthermore, I give permission to the sponsoring teacher to take whatever disciplinary action is judicious to ensure the safety, welfare, and education of the group.

I also agree that, in the event of an emergency, the supervising adult may seek any medical treatment or surgery, and may share medical information as needed for my son/daughter without further approval while he/she is on this trip.

I further agree that, while on this trip, my son's/daughter's picture may be taken and reproduced for educational purposes using still, motion, or video tape.

Address _____

Home Phone _____ Cell Phone _____ Work Phone/Ext _____

Parent's or Guardian's Signature _____ Date _____

NOTE: THIS DOCUMENT MUST BE NOTARIZED FOR OUT-OF-THE-COUNTRY FIELD TRIPS.

MEDICAL RECORD

PLEASE CHECK ALL OF THE FOLLOWING ITEMS:

YES NO

1. Does your son/daughter take any medicine regularly? If yes, please give details.

____ _____

2. Is your son/daughter allergic or sensitive to medicines and/or inoculations, asthma, hay fever, insect bites, poison oak, any foods, etc.? If yes, please give details and list medications.

____ _____

3. Is your son/daughter covered by medical insurance? If yes, please specify.

____ _____
Carrier _____ Policy No. _____
Additional Instructions _____

4. Has your son/daughter had a tetanus shot before? If yes, please give details below.

____ _____
How many total has he/she had? _____
How long ago did he/she receive the last tetanus shot? _____

Please specify any other information that would be helpful for the adults supervising the activity, such as a significant recent illness, accident, health history, etc.

Name of Student's Physician _____ Phone _____

Contact persons if parent/guardian can't be reached in case of an emergency:

Name _____ Home/Work Phone _____ Cell Phone _____

Name _____ Home/Work Phone _____ Cell Phone _____

Name _____ Home/Work Phone _____ Cell Phone _____