

PLEASE RETURN THIS FORM

Parent Signature _____

Date _____

Disney Performing Arts

Anaheim, CA

Facility, Location/City or Event

Dates of Event May 4-7, 2019

Group: Band

Time of Departure: 8:00 am Time of Return: 4-6 pm

Teacher: Mr. Tim Bacon

Method of Transportation: Chartered Buses

**Parental Authorization for Student to Participate
in District Approved Field Trip within the State of California**

_____(student name), has my permission to attend
I understand that all students going on this trip will conduct themselves properly, be responsible to the driver, to teachers, and adult sponsors. It is further understood that students will go to and return from the event in the transportation provided.

SANTA CLARA UNIFIED SCHOOL DISTRICT

**ANY STUDENT NEEDING REPEATED DISCIPLINARY ACTION MAY BE SENT BACK TO SCHS
IMMEDIATELY.**

As required by Education Code Section 35330, I hereby waive all claims, if any, I may ever have against the SANTA CLARA UNIFIED SCHOOL DISTRICT and the STATE OF CALIFORNIA for injury, accident, illness or death occurring during or by reason of my participation in a field trip to Disney Performing Arts in Anaheim, CA on May 20-23, 2017.

AUTHORIZATION TO TREAT MINOR -- CIVIL CODE SECTION 25.8

Signature _____ Date _____
Parent/Guardian

Child's Name _____

Birth Date _____ Grade _____

Name of Medical Insurance Co. _____ Policy No. _____

**List any medical conditions and/or other pertinent behaviors/information unique to your child:
Motion sickness, faints easily, frequent nose bleeds, any kind of special needs etc. Very important
so we can care for your child during this trip.**

I can be reached at the following phone numbers:

WORK _____ CELL _____

OTHER _____ HOME _____