

REDONDO BEACH UNIFIED SCHOOL DISTRICT
Office of Instructional Services

**STUDENT PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY STUDY TRIP
PARENTAL PERMISSION, ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION**

Student's Name: _____ has permission
(First & Last)

to participate on Thurs, June 13 +/or Fri, June 14 in the following field trip:
(Date of study trip)

Destination/Nature of Activity: * Beach Cleanup + sea level documentation
Redondo Pier (adjacent beach)
(Please be specific, e.g., Trip to _____ Museum)

Special Instructions: walking shoes and hat/sunscreen
(e.g. Bring a sack lunch)

Departure Date: start of period Time: _____ Return Date: end of period Time: _____

Person in Charge: G. Tobery Position: teacher School: RUTHS

Type of Transportation: ☐ School Bus/Vehicle ☒ Walking ☐ Other: _____

Health or special needs: (Check as appropriate)

- ☐ My student has no special health needs the staff should be aware of, and no medication is required on the trip.
- ☐ My student has a special need, and instructions are attached. Number of attached pages: _____
- ☐ Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Redondo Beach Unified School District (District) and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

_____ Signature of Parent/Guardian	_____ Please Print Name	Wk # _____ Hm # _____
_____ Signature of student	_____ Student's Date of Birth	Wk # _____ Hm # _____
_____ Medical Insurance Carrier (e.g. Blue Cross, Kaiser)		_____ Policy Number

In the event at an emergency, please contact:

_____ Name	_____ Relationship	Wk # _____ Hm # _____
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Contact your Student's school regarding sack lunches for study trips.