



ROTARY FIELD TRIP/EXCURSION PERMISSION SLIP

I hereby give permission for my son/daughter: _____,
(First and Last Name)

To go on a Rotary sponsored field trip to: _____,
(Destination)

on (Date): _____.

Time leaving & location: _____

Time of return: _____

Means of transportation: _____ Cost per student: _____

If private vehicle, name of driver: _____

Please provide a photocopy of your driver's license and auto insurance coverage (if you are driving anyone other than yourself) to the adult in charge of supervising this activity 48 hours prior to the event. .

I understand that the trip will be under the supervision of an adult Rotarian supervisor.

All persons making the field trip shall be deemed to have waived all claims against the Adult Supervisors, School District or the State of California for injury, accident, illness, or death occurring during or by reasons of the field trip. (Ed Code 35330)

Parent/Guardian Signature

Date

In case emergency and medical attention is needed, my child's regular doctor is: _____

We have medical insurance covering him/her with: _____

Policy #: _____

Home Telephone Number: _____

Father's Work Telephone #: _____ Mother's Work Telephone #: _____

Home Address: _____

Mailing Address (if different from above): _____

Please list below any medication or medical information, which should be known. (Include any medication to which your child may be allergic.)

I give the adult in charge the authority to obtain immediate medical attention.

Parent Signature