

### Field Trip Permission/Emergency Information

NP<sup>3</sup> Middle School is planning a field trip to Sacramento State University on Friday, November 30<sup>th</sup> 2018.  
The purpose of the field is to gain knowledge surrounding local CSU's and to experience a college environment.

Your son/daughter will be transported by:

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Natomas Unified School District Bus | <input type="checkbox"/> Private Automobiles |
| <input type="checkbox"/> Other Natomas Unified School District Vehicle  | <input type="checkbox"/> Walking             |
| <input type="checkbox"/> Commercial Transportation                      |  |

My student \_\_\_\_\_, has my permission participate in the field trip on November 30th, 2018.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

=====  
(Teacher shall carry bottom half of this form while on the field trip)

Please indicate action desired in the event of an accident or emergency. Fill out 1, 2, and 3, if applicable.

1. In the event of an accident or other emergency. When a parent/guardian is unavailable, I hereby authorize a representative of the school to make sure arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation. Under such circumstances, I further authorize the physician named below to undertake such care and treatment of my child as he/she considers necessary. In the event said physician is not available, I authorize such care and treatment to be performed by any licensed physician or surgeon.

THE UNDERSIGNED HEREBY AGREES TO BEAR ALL COSTS INCURRED AS A RESULT OF THE FOREGOING:

Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

Military I.D. No: \_\_\_\_\_

Patient's Medical No: \_\_\_\_\_

Other: \_\_\_\_\_

2. I do not choose the above statement and desire the following action: \_\_\_\_\_

3. My son/daughter has the following medical condition: \_\_\_\_\_

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone