

NATOMAS UNIFIED SCHOOL DISTRICT

Field Trip Permission/Emergency Information

(Top half of this form to remain in school office)

NP3's Social Studies Department is planning a field trip to the 2019 Women's March at the State Capitol at 1310 10th St , Sacramento, CA 95814 on January 19th from 8:30 a.m. to 1:00 p.m. Students will meet at NP3 Middle School parking lot at 8:30 and be picked up from NP3 at 1:00 p.m. The purpose of the field is provide students with the opportunity to express their civic right and harness their political power as a community to create transformative social change.

Your son/daughter will be transported by:

- ____ Natomas Unified School District Bus
____ Other Natomas Unified School District Vehicle
____ Commercial Transportation
__X__ Private Automobiles
____ Walking

My son/daughter _____, has my permission participate in the field trip on _____.

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 _____