

# NP3

## Field Trip Permission/Emergency Information

NP3 Middle School is planning a field trip to CSU Sacramento  
on Friday, February 16th from 10:00 AM AM/PM to 1:00 PM AM/PM.

The purpose of the field trip is to give 8th grade students the opportunity to explore a college campus.

Your student will be transported by:

- ☒ Natomas Unified School District Bus ☐ Commercial Transportation ☐ Private Automobiles  
☐ Other Natomas Unified School District Vehicle ☐ Walking

My student, \_\_\_\_\_, has my permission to participate in the field trip on \_\_\_\_\_.  
Student's full name Date of Field Trip

By signing below, I acknowledge and agree as follows:

- Participation in this field trip is voluntary and a privilege. I understand that the student has the right and ability to remain at school instead of participating in the field trip.
- California Education Code Section 35330 states that: "All persons making the field trip or excursion shall be deemed to have waived all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion." I understand and agree that I cannot hold the school, the district, its officers, agents, or employees liable for any claim arising out of, or which is in some manner connected with, the student's participation in this field trip.
- Students are required to obey all rules and safety requirements of the field trip, as well as codes of conduct and general standards for respect of persons and property and good behavior. I understand and agree that failure of the student to follow field trip rules or safety requirements may result in the student being sent home, at my expense, and that the student may be barred as a result from future field trips.
- In the event of an accident or emergency (Fill out a, b, and c, if applicable):
  - When a parent/guardian is unavailable, I hereby authorize a representative of the school to make sure arrangement as they consider necessary for my student 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 student as they consider 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 ID No \_\_\_\_\_  
Patient's Medical No \_\_\_\_\_ Other \_\_\_\_\_

- I do not choose the above statement and desire the following action: \_\_\_\_\_
- My student has the following medical conditions/allergies/medications: \_\_\_\_\_

Parent/Guardian Printed Name _____	Signature _____	Today's Date _____
Home Phone _____	Work Phone _____	Cell Phone _____

Supervising teacher shall take a copy of this form on the field trip. The original form will remain on file with the main office.