Field Trip Permission Slip

I,	, hereby give my	permission for my
child or ward,		to go to
(place) for	(voluntary
activity). I understand that my child or ward will leave on		
, 20, at	, and travel by	у
(transportation); and is expected to return on		
, at		

<u>As stated in California Education Code Section 35330</u>, 1 understand that I hold the Happy Valley Union Elementary School District, its elected or appointed officials, employees, agents, and volunteers harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity.

I further do hereby authorize the employees of the Happy Valley Union Elementary School District, supervising the above activity and travel, as my agent to consent to any x-ray examination, anesthetic, medical or surgical diagnosis, treatment and hospital care upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act, no matter where such examination, anesthetic, diagnosis, treatment of care is performed or rendered.

It is understood that this authorization is given in advance of any specific examination, anesthetic, diagnosis, treatment or care being required or recommended. This authorization is given to provide authority and power on the part of any employee of the District to give specific consent to any and all such examinations, anesthetic diagnosis, treatment of care by the afore-described physicians or surgeons which they, in their individual or collective judgment, may deem advisable or recommended.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until the end of the school year.

Parent/Guardian Signature

Date

Student Name

Staff Responsible For Activity