

POLY FIELD TRIP ABSENCE PERMIT

SCHOOL ACTIVITY No Re-admit is Necessary

The student below is permitted to be absent from periods indicated below, subject to the approval of the teachers. Issuing teacher: Mr. Phillipow Administration approval: J. Carlson W. Jarels

Directions: BEFORE you take the permission slip home, have the permit signed or rejected by the teachers of the classes from which you will be absent. If rejected, teacher must state why! This needs to be done prior to taking the permission slip home. This slip is your admission upon returning to classes. Only extreme circumstances will be accepted as excuse for leaving without teachers' signatures.

Period	Subject	Teacher	Signature of teacher for approval OR reason for refusal	Ext.

LBUSD REQUEST TO PARTICIPATE ON A POLY FIELD TRIP

1515 Hughes Way, Long Beach, CA. 90810 562-997-8000

Student's Name: _____ Grade: _____ Gender: _____

Description of Activity: Overnight travel to Dos Pueblos (Santa Barbara) XC Invites

Date of Activity: Fri./Sat. Oct. 14-15, 2011 Depart: Fri. 10-14, 9am Return: Sat. 10-15, 3pm

<p><u>Meals:</u> <input type="checkbox"/> Student will be at school during lunch <input checked="" type="checkbox"/> Student should bring sack lunch(Friday) <input checked="" type="checkbox"/> Other: <u>Dinner/Breakfast \$25</u></p>	<p><u>Method of Transportation:</u> <input type="checkbox"/> Walking <input type="checkbox"/> School Bus <input checked="" type="checkbox"/> Private Charter Bus <input type="checkbox"/> Other – Private automobile (Parent Responsibility)</p>
<p>I request that my child be permitted to participate in the field trip activity described above. In consideration of his/her being permitted to participate, we agree as follows: I acknowledge that the activity under certain circumstances could be dangerous and that my child is not required to participate in it to receive a class grade. I expressly request my child to voluntarily participate in the activity. I understand and acknowledge that as provided in part in Education Code 35330, I waive and forever release and discharge the Long Beach Unified School District, the Board of Education and its officers, employees and agents from all liability, claims, loss, cost or expense arising from or attributable to the above identified activity. To the best of my knowledge, my child has no physical condition which would interfere with him/her ability to participate in or attend this activity or would endanger his/her health or any other student's health.</p> <p style="text-align: center;"><u>MEDICAL AUTHORIZATION</u></p> <p>Should my child need to have medical treatment while participating in this activity, I hereby give the school district personnel permission to use their judgement in obtaining medical service for my child and I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the school district has no insurance covering such medical or hospital costs incurred for my child and, therefore, any costs incurred for such treatment shall be my sole responsibility.</p>	<p><i>Parent/Guardian Name (Print Neatly):</i> _____</p> <p><i>Home Address:</i> _____</p> <p><i>Home Phone:</i> _____ <i>Parent Cell:</i> _____</p> <p><i>Emergency Telephone Number:</i> _____</p> <p><i>Parent Signature & Date:</i> _____</p>

___ PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT AREA ON FILE WITH THE SCHOOL