

Granada Hills Charter High School

Trip slip for Transportation by any means OTHER than Private Auto

**PARENT CONSENT FOR FIELD TRIP, MEDICAL AUTHORIZATION
AND STUDENT TRANSPORTATION**

To the Executive Director of Granada Hills Charter High School (GHCHS):

PERMISSION TO PARTICIPATE

_____ has my permission to participate in the school curricular trip to _____ (location) on _____ (date).

Departure Time: _____ a.m./p.m. Return Time: _____ a.m./p.m.

Supervising Teacher(s): _____

Non-Certificated Chaperones as needed

Method of Transportation-Please circle one	Meals-Please Circle one
Walking-Complete Section one on the back	<input type="checkbox"/> Pupil will be at school during Nutrition
School Bus or Charter Bus provided by the School-Complete Section two on the back	<input type="checkbox"/> Pupil will be at school during Lunch
Other such as airplane, train, van –Complete Section three on the back	<input type="checkbox"/> Pupil should bring snacks/sack lunch GLASS CONTAINERS NOT PERMITTED
	<input type="checkbox"/> OTHER:

PARENTS - PLEASE NOTE: California Education Code, Section 35330 in part provides: *All persons making the field trip are deemed to have waived all claims against the District and its employees and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip. In addition, if the field trip is outside the State of California, all adults participating in the field trip and all parents or guardians of pupils taking the out of State field trip are required to sign this statement waiving such claims.*

I agree to direct my child to cooperate and conform to all rules and regulations governing conduct on this trip. Any violation of these rules and regulations may result in the school contacting the parents/guardians and arranging transportation home for the child at the parent/guardian's expense. I fully understand the following:

1. Participation in these activities is voluntary.
2. I may revoke this permission at any time by notifying the School in writing.
3. Revocation is not effective until receipt is acknowledged by School.

Parent/Guardian Approval Signature

Date

MEDICAL AUTHORIZATION

Should it become necessary for my child to have medical treatment while participating in this trip, I hereby give GHCHS personnel permission to use their judgment in obtaining medical service for the child and I hereby give my permission to the physician selected by GHCHS personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that GHCHS 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.

A special note to parents/guardians:

- 1) Please check here if special instructions regarding medical treatment are on file with GHCHS.
- 2) All medications must be registered on this form with a physician's written instructions on dispensing.
- 3) All prescriptions, excepting those which must be kept on the student's person for emergency use, must be kept and distributed by GHCHS staff.

Check here if no blood transfusions or blood products are to be given.

Student's Full Name _____ Student's DOB _____

Student's Address _____

Street City Zip

Home Telephone Number: _____ Business Telephone Number: _____
(Area Code) Phone Number (Area Code) Phone Number

Cell Phone Number: _____ Other Emergency Telephone Number: _____
(Area Code) Phone Number (Area Code) Phone Number

Parent/Guardian's Name: (please print) _____

Parent/Guardian's Signature: _____

ADVANCE NOTIFICATION OF ABSENCE (Required Teacher Signatures if the trip is during school hours)

Teachers: Please acknowledge this student's absence by signing next to the class period in which he or she will be absent. _____ requests to be excused from your class. He or she understands missed work is to be made up. **To be valid the student must obtain all teacher signatures 10 days prior to the absence.**

Trip Sponsor: Obtain trip approval, sign below in the grey box and cross out periods not covered by this request.

Date of School Trip: _____ Approved by: _____ (administrator)

Period	Teacher's Signature	Period	Teacher's Signature	Period	Teacher's Signature
0		3		6	
1		4		7	
2		5		Sponsor	

TRANSPORTATION WAIVER

Section ONE -Method of transportation: WALKING

Parent Authorization for Student to WALK in Connection with a School Activity:

School bus transportation is NOT provided for this trip, therefore I authorize my child to use the following mode of transportation to participate in the above event: **WALK to and FROM THE ACTIVITY**

In doing so I hereby expressly waive and release any and all rights or claims of any nature whatsoever I may have against GHCHS, the Governing Board of GHCHS, and its members and employees, arising out of, in connection with, or resulting from the above school activity.

_____ Date
Parent/Guardian's Signature

Section TWO-Method of transportation: SCHOOL BUS, CHARTER BUS PROVIDED BY THE SCHOOL and/or OTHER GROUP

Parent Authorization for student to ride a school bus, charter bus provided by the school and/or other group in connection with a school activity:

School bus or charter bus transportation IS provided for this trip, therefore I authorize my child to use the following mode of transportation to participate in the above event: **RIDE A SCHOOL BUS, CHARTER BUS PROVIDED BY THE SCHOOL AND/OR OTHER GROUP.**

In doing so I hereby expressly waive and release any and all rights or claims of any nature whatsoever I may have against GHCHS, the Governing Board of GHCHS, or other entity providing the bus and its members and employees, arising out of, in connection with, or resulting from the above school activity.

_____ Date
Parent/Guardian's Signature

Section Three-Method of transportation: OTHER

Parent Authorization for Student to travel in Connection with a School Activity in the following manner: _____

School bus or charter bus transportation is NOT provided for this trip, therefore I authorize my child to use the following mode of transportation to participate in the above event:

In doing so I hereby expressly waive and release any and all rights or claims of any nature whatsoever I may have against GHCHS, the Governing Board of GHCHS, and its members and employees, arising out of, in connection with, or resulting from the above school activity.

_____ Date
Parent/Guardian's Signature