



Authorization for Educational Field Trip SCICON

Student Name: _____

Date of Trip: _____

My child has my permission to participate in the educational field trip sponsored by
_____ school district.

It is my understanding that this field trip is made pursuant to the provisions of education code sections 35350 and 35330 and that such sections provide that all persons making the field trip shall be deemed to have waived all claims against the _____ school district and Tulare County Office of Education, Superintendent of schools, or the State of California for injury, illness, or death occurring during or by reason of the field trip. It is my further understanding that pupils will be under teacher and SCICON supervision during this trip.

The assigned supervisors are hereby authorized in case of emergency to obtain any and all necessary medical assistance or treatment for the above-stated student and to authorize the giving of such assistance or treatment in place of the undersigned.

Signature of Parent or Guardian

Date

Signature of School Principal

Date