

TORRANCE UNIFIED SCHOOL DISTRICT  
 STUDENT PARTICIPATION IN DISTRICT VOLUNTARY FIELD TRIP OR OTHER ACTIVITY  
 PARENTAL PERMISSION ASSUMPTION OF RISK AND  
 MEDICAL TREATMENT AUTHORIZATION

Date \_\_\_\_\_

Student's Name: \_\_\_\_\_ has permission to participate in the following field trip/activity:

Destination/Nature of Activity: \_\_\_\_\_ **Elementary School** \_\_\_\_\_, **2022 and District Bike Rodeo May 7, 2022**  
 (Please be specific, e.g. Trip to \_\_\_ Museum)

Special Instructions: \_\_\_\_\_  
 (e.g., Bring sack lunch)

Departure Date: \_\_\_\_\_ Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Time: \_\_\_\_\_

Person in Charge: \_\_\_\_\_ Position: \_\_\_\_\_ School: \_\_\_\_\_

Type of Transportation:  School Bus  Walking  Other: **parent/guardian**

Health or special needs: Check as appropriate

	My student has no special health needs the staff should be aware of, and no medication is required on the trip/activity.
	My student has a special need, and instructions are attached. Number of attached pages: _____
	Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood and agreed that the undersigned will assume full responsibility for any such action, including payment of costs.

I fully understand that participants are to abide by all rules and regulation governing conduct during the trip/activity.

As provided for in California Education Code Section 35330, I agree to waive all claims against the Torrance Unified School District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences, which may arise solely out of the negligence of the District, its employees or agents.

I/we, as parent(s) or guardian(s) of the minor(s), do hereby, for my child/children, myself, my heirs, executors and administrators, release and forever discharge and hold harmless the California State PTA, the local PTA and all officers, directors, employees, agents and volunteers of the organizations, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the participation of any individuals listed above in any PTA sponsored activities.

By signing below, I confirm that I have read and fully understand its contents. I am aware that this is a release of liability.

\_\_\_\_\_  
 Signature (Parent/Guardian) (Please print name) Work Phone ( ) \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_

\_\_\_\_\_  
 Student's Signature Student's Date of Birth

Your medical insurance carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

In the event of an emergency, please contact:

\_\_\_\_\_  
 Name Relationship Work ( ) \_\_\_\_\_  
 Home ( ) \_\_\_\_\_  
 Cell ( ) \_\_\_\_\_