

**MAXWELL UNIFIED SCHOOL DISTRICT
STUDENT/PARENT PERMISSION FOR SCHOOL SPONSORED ACTIVITY**

Permission Slip Due: _____

School: _____ Name of Student: _____

Has the opportunity to participate in a school activity away from school premises.

Name of Activity: _____ Destination: _____

Trip Supervisor: _____ Date: _____ Depart: _____ Return: _____

Notes for Trip: _____

Means of Transportation: District Bus District Approved Drivers

I hear by give permission for my son/daughter to participate in the above-mentioned activity. I further agree, that in the event of an accident, illness or any other circumstances requiring medical treatment, such treatment may be procured for my son/daughter without financial obligation to the district.

1. I understand this field trip is considered a school function, so all school rules apply.
2. I am representing the school so I will be on my best behavior.
3. All bus rules are in effect. See your handbook for specific rules.
4. I understand I am not to leave the designated areas without permission of the advisors.
5. I am to ride on arranged transportation. After the activity, I can be released to parents. If I am released to anyone else, prior written permission must be granted by Superintendent or designee.
6. If I miss the bus and decide to drive my own car or ride with someone else, I will not be included as part of the Maxwell group and will not participate in the scheduled activities. I will receive a cut and will have to make up time missed from school.
7. If I am not obeying school rules and/or field trip rules, my parents will be called to come and pick me up.
8. Additionally: _____

I am the parent/guardian of the above-named student. In case I am unable to be reached during any emergency, I hereby authorize a representative of the school, pursuant to the previous of Family Code Section 6910, to act as any agent to consent to the giving of any and all medical, dental, hospital or surgical care to the above-named student.

I have read and understand the above rules. By signing this, I agree to all above rules and give consent in the case of an emergency. Not signing, will prohibit your student from attending.

Student Signature

Parent /Guardian Name

Parent /Guardian Signature

Date

Date