

CLOVIS NORTH EDUCATIONAL CENTER
CLOVIS NORTH HIGH SCHOOL • GRANITE RIDGE INTERMEDIATE

CLOVIS UNIFIED SCHOOL DISTRICT

**PARENT CONSENT FOR VOLUNTARY FIELD TRIP
AND EMERGENCY MEDICAL AUTHORIZATION**

_____ has my permission to participate in the field trip to
_____ Universal Studios, Hollywood California on Thursday 5/31/18-Friday 6/1/18

DEPARTURE: report to CN small gym at 12:45 pm Thursday 5/31/18 RETURN: approximately 6:00am Fri 6/1/18

LUNCH:

Pupil will be at school during lunch

Pupil should bring sack lunch

Other: This page and \$165 payment will be collected from November 1, 2017-March 2, 2018 in the Activities Office.

Other: Transportation, Admission and a meal voucher are included in this price.

METHOD OF TRANSPORTATION:

Walking Private Auto

School Bus Other: Charter

PARENTS PLEASE NOTE:

It is necessary that parents specifically authorize their child to be included in this field trip. While supervision for this event will be furnished by the school, parents are hereby advised that such supervision by school personnel will occur only during the time period stated above. Although the school district will take every precaution to assure the welfare and safety of your child while participation in this activity, it is important you understand the school district assumes no liability whatsoever in the case of injury or accident. If school transportation is provided, it is understood that the student must ride to and from the activity on the bus.

APPROVAL SIGNATURE (Parent/Guardian)

DATE

Should it be necessary for my child to have emergency medical treatment while participating on this trip, I hereby authorize Clovis Unified School District personnel to use their judgment in obtaining emergency medical services for my child. I further authorize any individual selected by Clovis Unified School District personnel to render such emergency medical treatment to my child as he/she may deem necessary and appropriate. I understand that the Clovis Unified School District has no district insurance which pays the medical or hospital costs that might be incurred on behalf of my child. Consequently, I understand that any and all such costs shall be my sole responsibility. The Clovis Unified School District has previously made available to me student insurance which can be obtained at my own expense

**EMERGENCY MEDICAL AUTHORIZATION
(PARENT/GUARDIAN PLEASE COMPLETE)**

PARENT/GUARDIAN SIGNATURE

ADDRESS

HOME PHONE NUMBER

FATHER'S BUSINESS/CELL PHONE NUMBER

MOTHER'S BUSINESS/CELL PHONE NUMBER

EMERGENCY PHONE NUMBER

PLEASE CHECK HERE IF SPECIAL INSTRUCTIONS REGARDING MEDICAL TREATMENT ARE ON FILE AT THE SCHOOL: (Please refer to Emergency Cards located in the Nurse's Office)

NOTE: This form must be completed for participation in all field trips conducted by the Clovis Unified School District within the State of California