
(PERIOD)

(Grad Year)

(Group) - Office Use Only

GLENDALE UNIFIED SCHOOL DISTRICT
Parent Permission Form
SPRING TRIP 2007-08
San Diego and Disneyland

I hereby request that my son/daughter (**print name clearly**) _____,
a student at Crescenta Valley High School, be permitted to participate in the Showcase of Music Festival to be held in San Diego, California and Disney Magic Music Days, Disneyland, California, from **Friday April 11, 2008 until Monday, April 14, 2008**. It is understood that he/she will be under the supervision of **school staff and parent chaperones**.

I understand that under Section 35330 of the California Education Code, all persons participating in the activity shall be deemed to have waived all claims against Glendale Unified School District or the State of California for injury, accident, illness or death occurring during this activity.

Should it be necessary for my child to have medical treatment while participating in this event, I hereby give the School District personnel permission to use their judgment in obtaining medical service for my child, and I give permission to the physician selected by the School District personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that neither the School District nor those directing the event have insurance covering such medical or hospital costs incurred by my child and therefore, any cost incurred for such treatment shall be my sole responsibility.

In case of emergency during the activity, a family member or I can be reached during the above days at:

Phone: _____

Address: _____

Alternate Phone (if available): _____

Signed (parent/guardian): _____

THIS SIGNATURE AUTHORIZES BOTH PERMISSION IN SAID EVENT AS WELL AS PERMISSION TO SEEK MEDICAL TREATMENT SHOULD THE NEED ARISE.

Please attach a photocopy of your child's insurance card to this permission slip.

INSURANCE COMPANY & NUMBER: _____

NAME OF ANY MEDICATIONS: _____

DOSAGE (TIME TAKEN): _____

SPECIAL MEDICAL CONDITIONS (explain): _____

I do / I do not authorize the dispensing of over the counter medication such as Advil, Dramamine, Tylenol, etc.

Except the following medication: _____