

SAN MATEO UNION HIGH SCHOOL DISTRICT
Parental Consent for Student to Take School Sponsored Field Trips
With the SMHS Choral Music Department - Academic Year 2006-2007

General Rules Governing All School Sponsored Trips

1. All trips leave from and return to the school. Students are responsible for their own transportation from the school to their home after the trip.
2. Students will return on the school bus or in the car with the faculty member or approved school volunteer aired with whom they left the school. Students may not drive other students.
3. All students will remain with the group at all times
4. School regulations concerning student dress will be observed on the trip unless students are instructed otherwise by the teacher in charge.
5. Students will observe all school rules and regulations concerning behavior. For example, smoking is not allowed.
6. The teacher in charge will establish trip rules, which will be observed by all students.

The district is happy to provide these education trips and hopes that the students will secure maximum benefits from them.

PARENTAL CONSENT

Under Education code Section 1081.5, when you give your written permission that your child may go on a field trip, you have waived all claims against the district or the State of California for injury, accident, illness or death occurring during or by reason of the filed trip.

I, _____ (**name of parent/legal guardian**), have read and understand all of the stipulation concerning the field trip and hereby **give my permission** for _____ (**name of student**) to attend and participate in off-campus field trips with Mr. Shawn Reifschneider and the San Mateo High School Choral Music Ensemble(s) during the 2005-2006 academic year. I wave all claims against the district or the State of California for injury, accident, illness, or death occurring during or by reason of these trips.

Please note that all adults, not regularly employed by the district, and all 18 year olds accompanying the trip are required to sign this waiver.

In the event I am not available in an emergency, please notify:

Name

Phone

My child's doctor is: _____

Doctor's address

Dr.'s Phone

Health Insurance Provider

Member #

Parent/ Legal Guardian Signature

Date Signed

Address

Phone (Home) & Phone (Work)