

RIM OF THE WORLD UNIFIED SCHOOL DISTRICT  
FIELD TRIP/STUDENT TRAVEL PERMISSION FORM  
**TO BE FILLED OUT BY PARENT**

NAME OF SCHOOL \_\_\_\_\_

**A) SINGLE EVENT FIELD TRIP OR STUDENT TRAVEL**

I hereby give my permission for my child, \_\_\_\_\_, to participate in the \_\_\_\_\_ field trip/student travel excursion.

The trip is to be held from \_\_\_\_\_ through \_\_\_\_\_.

I understand that transportation  will  will not be by private auto.

**B) ROWUSD ON-GOING ACTIVITIES AND EVENTS**

In special circumstances, where an activity requires that private transportation be used on an on-going basis, I do give permission for my child, \_\_\_\_\_, to be transported to and from the field trip or activity location by private auto for the duration of that activity.  Yes  No

I understand my child is representing The Rim of the World Unified School District and must abide by all the rules and regulations as set forth by the Rim of the World Unified School District. I understand my child must fully cooperate with all teacher and volunteer chaperones in a respectful manner. It is understood that any child not fulfilling these behavior standards will be sent home at the parent's expense.

I, the above named student's parent or guardian, knowingly withhold all claims against The Rim of the World Unified School District, its officers, agents and employees, and the State of California for injury, accident, illness or death occurring during or by reason of this field trip/student travel excursion.

In the event of any illness, or accident, I give \_\_\_\_\_ full authority to obtain such medical treatment and/or surgery from a licensed physician and/or surgeon as deemed necessary for the welfare of my child.

\_\_\_\_\_  
Health Insurance Company

In the event of illness or accident, please contact:

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Name

\_\_\_\_\_  
Group Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name of Insured

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Possible Medical Problems (Allergies)

\_\_\_\_\_  
Necessary Medications

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of parent and/or guardian

*Makes one copy:*

*Original to Field Trip/Student Travel Leader  
Copy to Principal*