Poway Unified School District
Poway, California 92064

TRIP PERMIT

The activity described below is entirely **VOLUNTARY.** If you or your child, or other invited guest want to participate, it will be necessary to specifically request it. Please complete this application form and return it to the school.

Education Code 35300 provides that any person attending a field trip or excursion must waive all claims against the school district and the State of California for injury, accident, illness or death occurring during or by reason of the filed trip or excursion. **<u>Accordingly, I hereby waive all claims I may have against the Poway Unified School District,</u>** it's officers, agents and employees for injury, accident, illness or death occurring during or by reason of the activity described below.

District Policy states that students are not allowed to transport other students to/from extracurricular activities.

_____ I, the undersigned, request that the person named below be granted permission to participate in this (initials) voluntary activity.

_____ I, the undersigned, request that the person named below **not** participate in the voluntary activity and a (initials)   suitable alternate assisgment will be arranged.

_____ a student/parent at Poway High School
(Participant"s Name)   (Name of School)

wishes to participate in the Poway High School Instrumental Music Program Performances and Poway

High School Music Booster Events from August 2024 to August 2025 or during the
                                                                          (date)   (date)
2024-2025 School Year.

Transportation will be provided by school bus, charter bus, private auto, train, or airline.

Medical Authorization: In the event of an accident or sudden illness, school district employees and the Poway High School Music Boosters/Chaperones have my permission to render whatever emergency medical treatment might be deemed necessary for my child.

_____ **I have filled out the Medical Release Form and Medication Administration Form.**
(initials)
_____ _____
_____
Date   Signature of Parent or Guardian   Primary Phone Number

_____ _____
_____
Date   Signature of Student (if over 18 years of age)   Primary Phone Number