



# Field Trip/Activity Permission Slip

**EX 6153b**  
**Union School District**  
 5175 Union Avenue  
 San Jose, CA 95124  
 408-377-8010

Please complete the form either by printing and completing the information by hand or use Word and tab to the fields to type in information. If completed electronically, return the Word file, with the student's name in the file name, to the email address listed.

<b>Teacher Name</b> <b>GINA JENKINS</b>		<b>School</b> <b>DARTMOUTH MIDDLE</b>		<b>Phone</b> <b>408-264-1122</b> <b>Ext: 15618</b>		<b>Email</b> <b>ginaj@me.com</b>	
<b>Activity Date</b> <b>12/2/2017</b>		<b>Destination Place/Address</b> <b>LOS GATOS CHILDRENS PARADE</b>					
<b>Departure Time</b> <b>9:00A.M.</b>		<b>Return Time</b> <b>2:00P.M.</b>		<b>Transportation Provided By</b> <b>CAMPBELL USD</b>			
<b>Items to Bring: FULL UNIFORM (WHICH INCLUDES WHITE UNDERWEAR AND LONG WHITE SOCKS), INSTRUMENTS, FLAGS, ID SIGNS WE WILL PROVIDE PONCHOS IF NEEDED</b>							

Cut on dotted line. Save the top for your records; return bottom section to the teacher by **NOV 13TH**

<b>Teacher Name</b> <b>MRS. JENKINS</b>		<b>School</b> <b>DARTMOUTH</b>		<b>Phone</b> <b>408-264-1122 EX:15618</b>		<b>Email</b> <b>ginaj@me.com</b>	
<b>Activity Date</b> <b>12/2/2017</b>		<b>Destination/Address</b> <b>LOS GATOS CHILDRENS PARADE</b>					
<b>Student First Name</b>			<b>Student Last Name</b>			<b>Birthdate</b>	
<b>Emergency Contact Name</b>				<b>Relationship</b>		<b>Best Phone Number</b>	
<b>Second Emergency Contact Name</b>				<b>Relationship</b>		<b>Best Phone Number</b>	
<input type="checkbox"/> Check here for special medical conditions or if medication may be required							

### Parental Permission to Participate in this Activity

My child has my permission to attend the field trip designated above. I understand that neither Union School District, the School, nor any of its employees will assume responsibility for injuries which might occur or for any anticipated costs. Accident Insurance is the responsibility of the parent.

### Parents' Authorization to Consent to Emergency Medical Treatment for Child (Minor)

I hereby authorize the school site above, through the adult person in whose care said child has been entrusted, to procure medical, hospital, or dental care for my child in the event of injury or illness in the event of injury or illness during this activity, under supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. It is understood that this authority is given in advance of the need for the diagnosis, treatment, hospital, or dental care, but is to provide authority for said adult person, pursuant to Section 25.8 of the California Civil Code. It is also understood that every effort will be made to contact the parent before treatment is given. This authorization shall remain effective throughout the named activity described herein unless sooner revoked in writing and delivered to said adult person.

Parent or Guardian Signature

Parent or Guardian Signature

**TURN OVER FOR RULES AGREEMENT**

(or name if filling electronically)	(or name if filling electronically)	