



Millbrae Elementary School District
 555 Richmond Drive
 Millbrae, CA 94030
 650-697-5693 • 650-697-6865 (fax) • www.millbraeschooldistrict.org

**FIELD TRIP STUDENT PERMISSION SLIP AND MEDICAL AUTHORIZATION
 FORM B**

School		Grade		Teacher	
Day & Date of Trip		Depart Time		Return Time	
Destination			Address		
Transportation		What to Bring			

- I understand that this field trip is optional and attendance by my child is not required.
- I understand that I hold harmless the Millbrae Elementary School District, its agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity, as stated in California Education Code Section 35330.
- I understand that in the event of illness or injury, I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.
- I understand that all field trip participants are to abide by all rules and regulations governing conduct and safety during the trip. Any violations of these rules and regulations may result in the student being sent home at the expense of the student's parent/guardian.
- Only District students of the class scheduled for the field trip may attend the field trip. This guideline is consistent with District liability regarding only District enrolled students attending class on school sites.
- Students who are ill must remain at home.
- **COVID-19.** I understand and acknowledge that due to the COVID-19 pandemic, State and local authorities have issued various public health orders requiring community mitigation measures including, but not limited to, vaccination, testing, the use of face coverings or masks, social distancing measures, restriction of numbers of people who may congregate, requirements for isolation and/or quarantine in the event of COVID-19 infection or exposure, and disinfecting and sanitizing protocol. I understand and acknowledge that the COVID-19 pandemic is a continually evolving situation, and that orders from the California Department of Public Health ("CDPH"), the Centers for Disease Control and Prevention ("CDC"), the California Governor, and San Mateo County Health Officer are periodically updated in response to the crisis. Teachers/Students/Volunteers will be responsible for ensuring compliance at all times with the updated public health orders issued by Federal, State and local authorities, the Pandemic Recovery Framework and the 2021-2022 Safety Plan.

SCHOOL NUTRITION SERVICES (Please check only 1)

I will provide lunch for my student OR Please have Child Nutrition Services provide a bag lunch for my student

STUDENT HEALTH CONDITIONS (Please check all that apply)

Asthma Seizures Student has inhaler at school Student has medication at school Student has Epi-Pen at school
 Diabetes Other Conditions: _____

All medications/drugs that must be taken by the student must be registered on this form: _____

All medications/drugs, except those which must be kept on the student's person for emergency use, must be kept and distributed by staff.

EMERGENCY INFORMATION (In case of an emergency, please contact:

1. _____ 2. _____
 Name Phone Number Name Phone Number

I acknowledge that I have carefully read this document and understand the information therein. I agree to each of the terms and acknowledgements above and agree to permit my child to participate.

Student Name			
Parent/Guardian Signature		Date	

Please return this permission slip to your teacher by: _____