

BERKELEY UNIFIED SCHOOL DISTRICT
STUDENT PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP
PARENTAL PERMISSION, ASSUMPTION OF RISK, AND
MEDICAL TREATMENT AUTHORIZATION

I, _____ (Parent/Guardian), do hereby give permission for my child, _____ (Student Name), to participate in the _____ (Field Trip Name) on _____ (Date). I understand that this is a voluntary field trip and that my child will be responsible for their own safety and well-being during the trip. I assume all risks associated with the trip, including but not limited to, injury, illness, and death. I authorize the school district to provide medical treatment to my child if necessary. I understand that the school district is not responsible for any injury, illness, or death that may occur during the trip. I understand that my child will be responsible for their own transportation to and from the trip. I understand that my child will be responsible for their own expenses during the trip. I understand that my child will be responsible for their own behavior during the trip. I understand that my child will be responsible for their own safety and well-being during the trip. I understand that my child will be responsible for their own transportation to and from the trip. I understand that my child will be responsible for their own expenses during the trip. I understand that my child will be responsible for their own behavior during the trip. I understand that my child will be responsible for their own safety and well-being during the trip.

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