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Woodland Joint Unified School District

Voluntary Excursion/Field Trip and Medical Authorization Farm Connection Day Event

	School	
Dear Parent/Guardian:	Date: _	
Please complete and return this form to the YOO Box 1556 Woodland, CA 95776 by April 15		ntion Denise Sagara,
My child has permis	ssion to participate in the following	g voluntary field trip:
Place: Yolo County Fair Grounds Date: April 29, 2011		
Departure Time: Orientation starts at 8:		
Mode of Transportation: Parent/Guardia	<u>n are responsible for student t</u>	ransportation.
Other Trip Information: Students must s Swine/Sheep barn and sign out and de		
Important Health Information (allergic rea	action, medications, conditions, e	cc.)
In the event of illness or injury, I do hereby consesurgical or dental diagnosis or treatment and hose the attending physician, surgeon, or dentist and medical staff of the hospital or facility furnishing in	spital care are considered necess performed by or under the super	sary in the best judgment of
I fully understand that participants are to abide be Any violation of these rules and regulations may parents' expense.		
WAIVER: "California law provides as follows: 'All have waived all claims against the district of the occurring during or by reason of the field trip or eand all parents or guardians of pupils taking outsuch claims'. (Education Code Section 35330). knowing waiver as required by law."	State of California for injury, acciexcursion. All adults taking out-or of-state field trips or excursions s	dent, illness, or death f-state field trips or excursions shall sign a statement waiving
Parent/Guardian Signature		Phone Number
Teachers: Please excuse		
	dent's Name	Grade
to participate in the field trip on (Date) April 29, 2	2011	
Period 1	Period 4	
Period 2	Period 5	
Period 3	Period 6	
Additional Approvals needed for this Field Trip:		
Principal Approval 4H Club/FFA	A Club Name and Leader/Advisor	Approval