

# South Pasadena Unified School District Permission Release

## STUDENT/CHAPERONE PARTICIPATION IN DISTRICT-SPONSORED VOLUNTARY FIELD TRIP PARENTAL PERMISSION, ASSUMPTION OF RISK, AND MEDICAL TREATMENT AUTHORIZATION

Student/Volunteer's Name \_\_\_\_\_ has permission to participate in the following field trip:  
 Organization/Group MAR 5th School MAR Grade 5  
 Teacher/Requestor In Charge Wong (Print) Date of Trip 06/04/24 Day Tuesday  
 Destination/Nature of Activity: POOL PARTY SPHS  
 Special Instructions \_\_\_\_\_  
(e.g., Bring sack lunch)

### TRANSPORTATION BY

Bus \_\_\_\_\_ Car \_\_\_\_\_ Walking  Volunteer Driver \_\_\_\_\_ Other (Specify) \_\_\_\_\_

### TIME SCHEDULE

Departure from Site 12:00 am/pm Destination Arrival 12:15 am/pm parents plu  
 Departure from Destination 2:30 am/pm Return time to Site 2:30 am/pm @ pool

### PICK-UP AND DELIVERY POINTS

Pick-Up/School MAR Specific Address 400 S. Marengo, S. Pasadena 91030  
 Unloading Location SPHS Specific Address Freemont, S. Pasadena 91030  
 Stopping for meals Yes \_\_\_\_\_ No  Lunch provided by Food Service \_\_\_\_\_ Student \_\_\_\_\_

### HEALTH OR SPECIAL NEEDS

Initials: \_\_\_\_\_

<input type="checkbox"/>	If my child have/has no special health needs the staff should be aware of, and no medication is required on the trip.
<input type="checkbox"/>	If my child have/has special health needs, and instructions are attached. Number of attached pages: <input style="width: 20px;" type="text"/>
<input type="checkbox"/>	Other: _____

In the event of illness or injury, I do hereby consent to x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. I understand that no student will be denied access to this trip due to an inability to pay.

As provided for in California Education Code Section 35330, I agree to waive all claims against the South Pasadena Unified School District and hold the District, its officers, agents and employees, harmless from any and all liability or claims, which may arise out of or in connection with my child's participation in this activity. This waiver shall not apply to any occurrences which may arise solely out of the negligence of the District, its employees or agents.

### SIGNATURES

Parent/Guardian/Chaperone \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
(Signature) (Please Print) Home Phone ( ) \_\_\_\_\_  
 In case of emergency or you can not be reached \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_  
(Please Print) (Relationship) Home Phone ( ) \_\_\_\_\_  
 Student's \_\_\_\_\_  
(Signature) (Student's Date of Birth)  
 Family Medical Insurance Carrier \_\_\_\_\_ Policy Number: \_\_\_\_\_  
(e.g., Blue Cross)





# MARENGO ELEMENTARY

## STUDENT RELEASE & PERMISSION FORM FOR POOL PARTY

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### STUDENT RELEASE

All 5th Grade students will be dismissed from the SPHS pool. Please complete the form below. Your child will **ONLY** be released to persons listed below.

Student's Name: \_\_\_\_\_

Teacher: \_\_\_\_\_

Please initial one of the following and sign below:

\_\_\_\_\_ I will pick up my child at 2:30pm at the pool. See attached SPHS pool map for directions.

\_\_\_\_\_ My child will be picked up by \_\_\_\_\_

\_\_\_\_\_ My child may walk home after the pool party.

### PERMISSION TO SWIM

To ensure the safety of the students, the lifeguards at the high school pool will be giving the students who want to swim in the deep end a swim test. The students will be asked to swim **25 yards of freestyle stroke with ease**. Upon successful completion, the students will be given a wristband that tells the lifeguards they can be in the deep water.

Please initial below what you would like your child to do at the high school pool:

\_\_\_\_\_ I give permission for my child to take the swim test in order to swim in the deep end.

\_\_\_\_\_ I do not give permission for my child to take the swim test.

\_\_\_\_\_ I prefer my child to swim in the shallow end.

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

### FOR SCHOOL USE ONLY:

Student was released according to signed instruction: \_\_\_\_\_

Teacher's Signature