

Part 1

**ABSENCE PERMIT  
SCHOOL ACTIVITY**  
No Re-admit is Necessary

Student \_\_\_\_\_ Date of Absence \_\_\_\_\_  
is permitted to be absent from periods indicated below, subject to the approval of the teachers.

Reason \_\_\_\_\_ Issuing Teacher \_\_\_\_\_  
Office Approval 2 Brown

**Directions:** Before you take the permission slip home, have the permit signed or rejected by the teachers of the classes from which you will be absent. **If rejected, teacher must state why.** This needs to be done prior to taking the permission slip home. This slip is your admission slip upon returning to classes. Only extreme circumstances will be accepted as excuse for leaving without teachers' signatures.

PERIOD	SUBJECT	SIGNATURE OF TEACHER OR REASON FOR REFUSAL	EXT.

Part 2

**REQUEST TO PARTICIPATE IN FIELD TRIP**

Students Name \_\_\_\_\_ School \_\_\_\_\_

Description of Activity: \_\_\_\_\_

\_\_\_\_\_ Date of Activity: \_\_\_\_\_

Depart \_\_\_\_\_ am/pm Return \_\_\_\_\_ am/pm

**Lunch**

- Student will be at school during Lunch
- Student should bring sack lunch
- Other: \_\_\_\_\_

**Method of Transportation:**

- \* Walking
- \* School Bus
- \* Private Auto
- \* Other \_\_\_\_\_

I request that my child be permitted to participate in the field trip activity described above. In consideration of his/her being permitted to participate, we agree as follows:

1. I acknowledge that the activity under certain circumstances could be dangerous and that my child is not required to participate in it to receive a class grade. I expressly request my child to voluntarily participate in the activity.
2. I understand and acknowledge that as provided in par in Education Code 35330, I waive and forever release and discharge Long Beach Unified School District, the Board of Education and its officers, employees and agents from all liability, claims, loss, cost or expense arising from or attributable to the above identified activity.

To the best of my knowledge, my child has no physical condition which would interfere with his/her ability to participate in or attend this activity or would endanger his/her health or another students health.

Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

**MEDICAL AUTHORIZATION**  
(To be retained by Supervising Teacher)

Should my child need to have medical treatment while participating in this activity, I hereby give the school district personnel permission to use their judgment in obtaining medical service for my child and I give permission to the physician selected by the school district personnel to render medical treatment deemed necessary and appropriate by the physician. I understand that the school district has no insurance covering such medical or hospital cost incurred for my child and, therefore, any cost incurred for such treatment shall be my sole responsibility.

Students Name \_\_\_\_\_

Emergency Telephone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Home Telephone Number \_\_\_\_\_

Business Telephone Number \_\_\_\_\_

Signature Parent/Guardian \_\_\_\_\_