

**URBAN DISCOVERY ACADEMY
AUTHORIZATION FOR STUDENT PARTICIPATION
FIELD TRIP OR ACTIVITY**

I the undersigned am the parent/guardian of: _____
A student enrolled in Urban Discovery Academy, request and give permission to have my son/daughter,
named above participate in a field trip to:

Name of Activity

From _____ To _____
Time We Will Leave School Time of Return to School

I understand that participation in this field trip is entirely voluntary. I voluntarily agree to pay all expenses necessary for the above named student to participate in the field trip, including but not limited to the cost of transportation, food lodging and such insurance as may be required.

I am aware of the provisions of the **California law (Education Code Section 35330) provides that any person making a field trip or excursion waives all claims against the school and the State of California for injury, accident, illness, or death occurring during or by reason of the field trip or excursion.**

I further agree that in the event, in the opinion of a duly authorized representative of Urban Discovery Academy it becomes necessary to procure emergency medical care for the above named student due to accident or illness, such care may be procured with my further consent. I personally assume responsibility for any cost of such care not covered by insurance.

Executed in the city of San Diego, County of San Diego, State of California on _____ 20__.

Signatures of Parent(s) or Guardian(s)

Address: _____ CA _____
Zip

Telephone: _____ Cell _____

I can Drive _____ Number of students you can drive _____

I have all of my volunteer paperwork turned into the office Yes No

Teacher/Sponsor Principal/Director

Please return to school by _____.

